

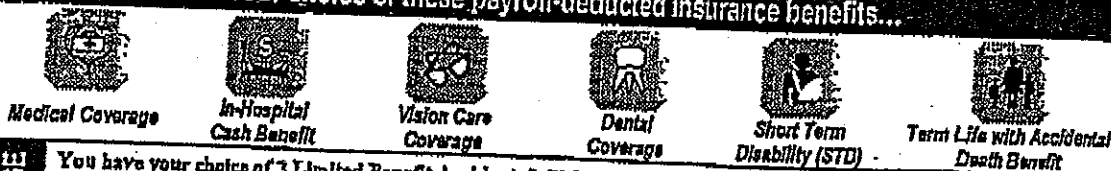
Exhibit Aiiii

Northwest Staffing Resources, Inc.

Group Benefits Program

For You and Your Dependents

Your choice of these payroll-deducted insurance benefits...



MEDICAL COVERAGE

- You have your choice of 3 Limited Benefit Accident & Sickness Medical Plans. Both Plans 1 and 2 combine Non-occupational Medical Coverage with the value of a Discounted PPO Network to stretch your benefit dollars.
- The Provider Referral Service gives you access to the names of in-network PPO providers.
- \$10 Co-Pay on Office Visits for in-network Doctors' Fees (up to 5 visits per coverage year).
- \$15 Co-Pay on in-network Diagnostic and Surgical Services (Plan 1 pays up to the lesser of \$400 or 5 services per coverage year. Plan 2 pays up to the lesser of \$600 or 5 services per coverage year).
- Prescription Drug Benefits up to \$200 per coverage year with a \$10 Base Deductible per prescription.
- Your enrolled dependents receive the same coverage.

The table below will give you a quick overview and comparison of Medical Plans 1 and 2. Exclusions and limitations are on the back panel of this brochure.

	Plan 1		Plan 2	
Hospital Inpatient				
Percentage paid by plan ¹	80%	80%	80%	80%
Maximum Benefit ¹	\$2,000 in- or out-of-network	\$2,000 in- or out-of-network	\$5,000 in- or out-of-network	\$5,000 in- or out-of-network
Deductible ¹	\$250 in- or out-of-network	\$250 in- or out-of-network	\$250 in- or out-of-network	\$250 in- or out-of-network
Outpatient				
Doctors' Office Visits				
Per visit co-pay (or Base Deductible)	\$10 co-pay	\$10 Base Deductible	\$10 co-pay	\$10 Base Deductible
Percentage of remaining charges paid by Plan ²	100%	80%	100%	80%
Maximum number of visits ¹	5 visits in- or out-of-network	5 visits in- or out-of-network	5 visits in- or out-of-network	5 visits in- or out-of-network
Diagnostic & Surgical Services				
Per service co-pay (or Base Deductible)	\$15 co-pay	\$15 Base Deductible	\$15 co-pay	\$15 Base Deductible
Percentage of remaining charges paid by Plan ²	100%	80%	100%	80%
Maximum Benefit ¹	\$400 in- or out-of-network	\$400 in- or out-of-network	\$600 in- or out-of-network	\$600 in- or out-of-network
Maximum number of services ¹	5 services in- or out-of-network	5 services in- or out-of-network	5 services in- or out-of-network	5 services in- or out-of-network
Emergency Room Visits				
Per visit co-pay (or Base Deductible)	\$15 co-pay	\$15 Base Deductible	\$15 co-pay	\$15 Base Deductible
Percentage of remaining charges paid by Plan ²	100% in- or out-of-network	100% in- or out-of-network	100% in- or out-of-network	100% in- or out-of-network
Maximum Benefit	\$50 per visit in- or out-of-network	\$50 per visit in- or out-of-network	\$50 per visit in- or out-of-network	\$50 per visit in- or out-of-network
Maximum number of visits ¹	3 visits in- or out-of-network	3 visits in- or out-of-network	3 visits in- or out-of-network	3 visits in- or out-of-network
Prescription Drugs³				
Per prescription Base Deductible	\$10 Base Deductible	\$10 Base Deductible	\$10 Base Deductible	\$10 Base Deductible
Percentage of remaining charges paid by Plan ²	100%	100%	100%	100%
Maximum Benefit ¹	\$200	\$200	\$200	\$200

1. Per coverage year.
2. You will have met your "family deductible" when two covered family members have each paid their own deductibles in a coverage year.
3. Where benefit is expressed as a percentage, the lower of the UAC fee levels or the discounted PPO charges will be the basis of payment.
4. If you live in an area that is not served by the PPO network, and you use a non-participating provider that is also located outside a network area, your covered expenses would be reimbursed according to the in-network provisions of the plan.
5. No network requirement.

When you enroll in this plan, you will receive an additional benefit of \$200 of retail drug charges.

Este folleto contiene un resumen en inglés de su Programa Grupal de Beneficios. Si usted tiene dificultad en entender cualquier parte de este folleto llame al número gratuito 1-800-800-8121. Nuestros representantes de consulta están disponibles de 9:00 a.m. a 8:00 p.m., de lunes a viernes (hora del Este) para darle asistencia en español.

For More Benefit Descriptions >

Northwest Staffing Resources, Inc. - 742780 - 8/1/01 2000000.3 (08/02)

IN HOSPITAL CASH BENEFIT

- If confined in the hospital as an inpatient and charged for room, board, and general nursing services for private, semi-private, or intensive care accommodations, then this benefit pays the following:
 - Lump Sum In-Hospital Cash Benefit: \$1,000 for one confinement per year, plus, a
 - Daily In-Hospital Cash Benefit: \$100 per day of hospital confinement for up to 100 days per year.

VISION CARE COVERAGE

- Reimbursements of \$25 for an eye examination once every 12 months. Simply file an Eye Exam Claim Form.
 - Eye Care Plan of America Eyewear Discount Card provides savings for the whole family, up to 60% off on eyewear purchases and 10% on contact lenses and other optical items at participating ECPA centers (including popular chains).
 - Eye exam benefits and discount eyewear purchases apply to each covered person.
- Fees for other services must be paid by you. The benefit period is 12 consecutive months beginning on the later of your effective date or your most recent eye exam that was covered under this Plan.

DENTAL COVERAGE

- Use any dentist you want.
- \$500 Coverage Year Maximum after a \$50 Deductible.
- Enrolled dependents receive the same coverage.
- Covers most common services.

Service	Coverage	Frequency
Checkups & Cleaning	80%	None
Fillings	80%	3 Months
Oral Surgery	60%	3 Months
Crown & Bridge Repair	80%	3 Months
Denture Repair	80%	3 Months
Perio & Endodontic	60%	12 Months
Crown & Bridge	80%	12 Months
Dentures	50%	12 Months

SHORT TERM DISABILITY (STD)

- Weekly benefits for up to 6 months while you are disabled.
 - 50% of base pay received from the employer that sponsors this program (plus reported tips, but no overtime) up to \$125 maximum weekly benefit.
 - Benefits begin after a 14-day waiting period (unless hospitalized, in which case Plan begins paying immediately).
- Some states require employers to provide STD benefits. If you work in one of those states, this plan is not available to you. See the Enrollment Form for those states. Only you can be covered under STD. Premiums double at age 63.

TERM LIFE WITH ACCIDENTAL DEATH BENEFIT

- \$20,000 of term life coverage for yourself.
- \$20,000 matching accidental death benefit.
- Benefits will be paid to the beneficiary of your choice.
- If you sign up for term life for yourself, you can enroll your eligible dependents for:
 - \$2,500 in term life (only) for dependents over 6 months of age.
 - \$500 for children 6 months of age or younger.
- Your benefits are reduced by 50% when you reach age 70. Spouse term life benefits end when your spouse reaches age 70.

Sexual Harassment Is Forbidden By Law

Sexual harassment in employment violates the provisions of the Fair Employment and Housing Act, specifically Government Code sections 12940(a), (f), and (g).

Definition of Sexual Harassment

The Fair Employment and Housing Act defines harassment because of sex as including sexual harassment, gender harassment and harassment based on pregnancy, childbirth, or related medical conditions. The Fair Employment and Housing Commission regulations define sexual harassment as unwanted sexual advances or visual, verbal or physical conduct of a sexual nature. This definition includes many forms of offensive behavior and includes harassment of a person of the same sex as the harasser. The following is a partial list:

- ♦ Unwanted sexual advances
- ♦ Offering employment benefits in exchange for sexual favors
- ♦ Making or threatening reprisals after a negative response to sexual advances
- ♦ Visual conduct, e.g., leering, making sexual gestures, displaying of sexually suggestive objects or pictures, cartoons or posters
- ♦ Verbal conduct, e.g., making or using derogatory comments, epithets, slurs and jokes
- ♦ Verbal sexual advances or propositions
- ♦ Verbal abuse of a sexual nature, graphic verbal commentaries about an individual's body, sexually degrading words used to describe an individual, suggestive or obscene letters, notes or invitations

State of California
Department of Fair Employment & Housing
2014 T Street, Suite 210
Sacramento, CA 95814



For more information,
contact the Department
toll free at:

(800) 884-1684

Sacramento area & out-of-state
(916) 227-0551

TTY Number
(800) 700-2320

or visit our website at:
www.dfeh.ca.gov

Physical contact, e.g. touching, assault, impeding or blocking movements

Employers' Obligations

Employers have certain obligations under the Fair Employment and Housing Act.

Take all reasonable steps to prevent discrimination and harassment from occurring.

Develop and implement a sexual harassment prevention policy.

Post in the workplace a poster made available by the Department of Fair Employment and Housing.

Distribute to all employees an information sheet on sexual harassment. An employer may either distribute this pamphlet (DFEH-185) or develop an equivalent document that meets the requirements of Government Code section 12950(f). This pamphlet may be duplicated in any quantity. However, this pamphlet is not to be used in place of a sexual harassment prevention policy which all employers are required to have.

Employer Liability

Employers are covered by the harassment provisions of the Fair Employment and Housing Act. If management occurs, an employer may be liable for harassment. An employer might avoid liability if the employer is a rank and file employee and if the employer had no knowledge of the harassment and if there was a program to prevent harassment. If the harasser is a rank and file employee and the employer was aware of the harassment, liability may be avoided if the employer took immediate and appropriate corrective action to stop the harassment. Employers are strictly liable for harassment by supervisors or agents. There may be some liability for a person who commits the harassment or aids and abets in the harassment, depending on the circumstances.

Additionally, Government Code section 12940(j) states an entity to take "all reasonable steps to prevent harassment from occurring." If an employer has failed to take such preventive measures, that employer can be held liable for harassment.

An employer may be entitled to damages even though employment opportunity has been denied and

rights.

Fully and effectively investigate. The investigation must be immediate, thorough, objective and complete. All persons with information regarding the matter should be interviewed. A determination must be made and the results communicated to the complainant, to the alleged harasser, and, as appropriate, to all others directly concerned.

If proven, there must be prompt and effective remedial action. First, appropriate action must be taken against the harasser and communicated to the complainant. Second, steps must be taken to prevent any further harassment. Third, appropriate action must be taken to remedy the complainant's loss, if any.

How the Law is Enforced

Employees or job applicants who believe that they have been sexually harassed may, within one year of the harassment, file a complaint of discrimination with the California Department of Fair Employment and Housing.

The Department serves as a neutral fact-finder and attempts to help the parties voluntarily resolve disputes. If the Department finds evidence of sexual harassment and settlement efforts fail, the Department may file a formal accusation against the employer and the harasser. The accusation will lead to either a public hearing before the Fair Employment and Housing Commission or a lawsuit filed on the complainant's behalf by the Department.

If the Commission finds that the harassment occurred, it can order remedies, not to exceed \$150,000 in fines or damages for emotional distress from each employer or harasser charged. In addition, the Commission may order hiring or reinstatement, back pay, promotion and changes in the policies or practices of the involved employer.

After a complaint is filed with the Department, a complainant may elect to pursue the matter through a lawsuit in civil court. Damages in court are unlimited.

Typical Sexual Harassment Cases

The three most common types of sexual harassment complaints filed with the Department are those in which:

An employee is fired or denied a job or an employment benefit because he/she refused to grant sexual favors or because he/she complained about harassment. Retaliation for complaining about harassment is illegal, even if it cannot be demonstrated that the harassment actually occurred.

An employee quits because he/she can no longer tolerate an offensive work environment, referred to as a "constructive discharge." If it is proven that a reasonable person in the victim's position, under like conditions, would resign to escape the harassment, the employer may be held responsible for the resignation as if the employee had been discharged.

An employee is exposed to an offensive work environment. Exposure to various kinds of behavior or to unwanted sexual advances alone may constitute harassment.

Preventing Sexual Harassment

A program to eliminate sexual harassment from the workplace is not only required by law, but is the most practical way to avoid or limit liability if harassment should occur despite preventive efforts.

Training of All Individuals in the Workplace

All employees should be made aware of the seriousness of violations of the sexual harassment policy. Supervisory personnel should be educated about their specific responsibilities. Rank and file employees must be cautioned against using peer pressure to discourage harassment victims from using the internal grievance procedure.

Complaint Procedure

An employer should take immediate and appropriate action when he/she knows, or should have known, that sexual harassment has occurred. An employer must take effective action to stop any further harassment and to ameliorate any effects of the harassment. To these ends, the employer's policy should include provisions to:

Fully inform the complainant of his/her

**HANDBOOK
FOR
EMPLOYEES OF**



**NORTHWEST
STAFFING
RESOURCES**

**AND ITS
"FAMILY OF COMPANIES"**



**RESOURCE
STAFFING
GROUP**



**NORTHWEST
STAFFING
GROUP**

1-888-300-9812

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Handbook for
Northwest Staffing Resources
Legal Northwest
Attorney Staffing Group
Resource Staffing Group
Northwest Staffing Group

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Established 1985
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1998, 1999, 2000, 2002

MISSION STATEMENT

Northwest Staffing Resources, Inc. combines the talents and resources of a multi-disciplined, human resource, "Family of Companies." Our goal is to offer our clients the finest quality contingent, contract and full-time labor pool available anywhere. Our approach to recruiting, evaluating, educating and employing this talented labor pool acts to fulfill our clients' need to control and manage labor costs efficiently and economically. We will fulfill our obligation to our clients by:

- Marketing our services through trained professionals who will never compromise quality of service as they fulfill the needs of the client.
- Utilize technology in all forms of communication and recruitment to optimize the opportunities to service our clients.
- Presenting only quality candidates that fulfill the requirements of our clients at a cost that remains competitive, yet fair for the market we are operating within.
- Hiring, training and retaining the finest staff available to service the client relationship with the highest of ethics and professionalism.

♦ ♦ ♦ ♦

Members of the following associations

- American Staffing Association (ASA)
- Washington Association of Temporary and Staffing Services (WATSS)
- Staffing Services Association of Oregon (SSAO)
- Idaho Association of Temporary & Staffing Services (IATSS)
- California Association of Temporary & Staffing Services (CATSS)

PURPOSE OF HANDBOOK AND EMPLOYEE STATUS

PURPOSE

This handbook is designed to provide general information about company policies and practices. However, it is not an employment contract. NSR reserves the right, at any time and for any reason, to change our policies, practices or employment relationships as needed. NSR also reserves the right to interpret the provisions of this handbook, and its interpretation shall be final. To the extent that any provision of this handbook contains summaries of employee benefit plans, the provisions of the actual plan documents will prevail over the summaries.

We have tried to anticipate many of your questions, but in no way do we believe that this document will provide every answer. Please read through it carefully. Should you have additional questions, or need further detail, please talk with your Staffing Coordinator who can advise you or refer you to the appropriate resource.

EMPLOYEE STATUS

By the nature of our service, your employment with us is temporary and "at will." This means that you or we may end your employment, with or without notice, with or without reasons. However, if you accept an assignment we expect you to finish the assignment.

Our customer may also end your assignment, with or without notice, and with or without reasons.

From time to time an NSR employee may be required to sign a special agreement for a particular client. Any such agreement must also be authorized in writing by your Branch Manager. No such agreement will alter the "at-will" employment relationship.

POLICY STATEMENTS

EQUAL OPPORTUNITY EMPLOYMENT

NSR is an equal opportunity employer and, as such, considers individuals for employment according to their abilities and performances. Employment decisions are made without regard to race, age, religion, color, sex, national origin, physical or mental disability, marital or

veteran status, present or future service in the uniformed services of the United States, sexual orientation, or any other legally protected categories.

This Policy of nondiscrimination will prevail throughout every aspect of the employment relationship, including recruitment, selection, compensation, promotion, transfer, layoff, recall, termination, and dispute resolution.

NSR provides and supports a dispute resolution procedure for receiving and resolving complaints alleging discriminatory practices in employment relations. You are expected to bring any questions, issues, or complaints to the attention of management.

Our policy, as an equal opportunity employer, is to employ persons legally entitled to work in the United States without regard to citizenship, ethnic background, or place of national origin. However, our policy, in conformity with the Immigration Reform and Control Act of 1986 (IRCA), is to hire only those who are authorized to work in the United States. Verification documentation will be required of all new hires.

We also try to provide service to clients who subscribe to this same policy.

HARASSMENT

Respect for the dignity and worth of others should be the guiding principle for our relations with each other. NSR will not tolerate conduct by any employee who harasses, disrupts, or interferes with another's work performance or which creates an intimidating, offensive, or hostile environment.

While all forms of harassment are prohibited, it is our policy to emphasize that sexual harassment is specifically prohibited. Each manager/supervisor has a responsibility to maintain the workplace free of any form of sexual harassment. No manager/supervisor shall threaten or intimidate, either explicitly or implicitly, that an employee's refusal to submit to sexual advances will adversely affect the employee's employment, evaluation, wages, advancement, assigned duties, shifts, or any other condition of employment or career development. Other sexually harassing conduct in the workplace, whether committed by managers/supervisors, non-managerial personnel, or outside individuals (vendors, customers, etc.) is also prohibited.

This policy covers conduct in the workplace, at social functions sponsored by the Organization (such as dinners,

parties, picnics, sporting events, etc.) and business functions (such as conventions, trade shows, etc.).

Any employee who believes that the actions or words of a supervisor, co-worker, vendor, or other individual, either at NSR or on site at a client, constitutes unwelcome harassment, or witnesses such conduct, has the responsibility to report or complain as soon as possible to their Staffing Coordinator, any manager/supervisor, or to the next level of management if the complaint involves their Staffing Coordinator.

Management provides and supports a dispute resolution procedure for resolving complaints alleging discriminatory practices in employment relations, including harassment.

All complaints of harassment will be investigated promptly and in an impartial manner. In all cases, the employee will be advised of the findings and conclusion.

Any employee or member of management who is found, after appropriate investigation, to have engaged in harassment of another employee will be subject to appropriate corrective action, depending on the circumstances, up to and including termination. Such conduct, when experienced or observed, should be reported to your Staffing Coordinator. If the complaint is about the Staffing Coordinator, then the Branch Manager should be contacted. We will investigate all complaints of harassment to the extent possible based on the information available about the circumstances. While the complaint and any information gathered in an investigation are considered confidential information, employees should be cautioned that pursuing an investigation may require or lead to disclosure of the identity of those connected to the complaint or to disclosure of information which could lead to the identification of persons connected to the complaint.

If the complaint concerns conduct by a client employee or representative, our client will have to be notified and they will deal with the matter through their internal process. If you do not wish to return to the job, your refusal will not be held against you when placing you in another temporary assignment. In such cases, you will be given priority in job selection for those jobs you are qualified to do.

YOUR PAY

YOUR TIMECARD MUST BE RECEIVED BY 5 P.M. MONDAY

We pay you well and pay you weekly. You'll find our pay rates are higher than those of most of our competitors.

You are paid from the time of start to time of finish, less lunch period; required lunch period is 1/2 hour for work periods of six or more hours. After completing your timecard, have it signed by your supervisor, and leave the pink copy with the client. Keep the yellow copy for your records. Mail the rest to your Home Branch in the return envelope provided, or drop it off at the NSR office by 5 p.m. Monday. Please be aware that if you mail your timecard and NSR does not receive it before the deadline, your check may be delayed. Timecards are to be submitted weekly, do not accumulate timecards and submit several at one time.

Please fill out a separate timecard for each weekending date and for each company at which you work. NSR payroll weeks are Monday through Sunday. Indicate whether you would prefer to have your check mailed or pick it up at a particular branch.

You can help us process your pay quickly, efficiently, and accurately. Please fill in your time card completely and legibly. If any information is missing, or if we cannot read it, we cannot print a paycheck and ultimately, your pay may be delayed. Failure to comply with payroll guidelines can lead to disciplinary action up to and including termination.

Always keep the yellow copy for your records, and bring it with you when you pick up your check.

DIRECT DEPOSIT

Direct Deposit is available for all employees. You must complete a Direct Deposit Authorization form and include a voided check or deposit slip. It can take a few weeks once paperwork is received for Direct Deposit to become effective. Please also be aware that your actual weekly payroll deposit may be delayed due to the time required for the bank to process it. Ask your Staffing Coordinator for more details.

OREGON and VANCOUVER - WEDNESDAY PAYDAY

In the Portland and Vancouver area you will be paid the following week on Wednesday. Paychecks will be available for pickup on Wednesday after 1:30 p.m. OR you may pick up your paycheck by 5:00 p.m. Thursday; all remaining checks will be mailed.

WASHINGTON and CALIFORNIA - THURSDAY PAYDAY

When working in our Puget Sound or Sacramento branches, you will be paid the following week on Thursday. Timecards must be received by Monday at 5 p.m. Checks may be picked up after 1:30 p.m. on Thursday, or by 5 p.m. Friday. All remaining checks will be mailed.

BOISE/CANYON COUNTY - FRIDAY PAYDAY

When working at our Boise or Canyon County locations, you will be paid the following week on Friday. Timecards must be received by Monday at 8 a.m. Checks may be picked up after 10 a.m. on Friday.

Incomplete timecards may delay your check!

PAYROLL PROCEDURES

Please have your timecard with you at your assignment. You are responsible for correctly recording the number of hours worked and getting it to our office for payment. Do not rely on the client to turn in your timecard unless otherwise instructed by your Staffing Coordinator. Remember: Incomplete timecards may delay paychecks.

LOST PAYCHECKS

If a paycheck is lost by an employee or in the mail, there is a waiting period before a new check can be issued.

REPLACEMENT CHECKS

In order to receive a replacement or advance check, you will need to complete a Replacement/Advance Check Request Form.

An employee will receive no more than two advance checks per year. (Please note that advance checks are issued at 70% of gross amount, remainder is paid following pay period)

Employees should notify us as soon as possible of any change in address. This will help to prevent any problems with their checks or year-end W-2's.

We will ask you to complete a new W-4 form to correctly process your change of address, marital status, or number of allowances. This will help ensure efficient W-2 deliveries as well. If you meet the criteria for claiming "exempt" status, the law requires us to have you fill out a new W-4 form at the beginning of each year.

Problems - If you have any problems or questions with your check, call and talk to your home branch Staffing Coordinator (where you signed up).

Earnings and Deductions - We are your employer of record and will sign your check. Your paycheck will reflect only those deductions required by law, e.g. social security, withholding for income taxes, and other statutory costs. After the end of the calendar year, you will receive a W-2 form showing your earnings and the amount of taxes withheld.

Remember: Accuracy and promptness will help us help you.

Replacement of W-2 and other forms - NSR may charge you out-of-pocket expenses for replacement of W-2 and other forms, reports, or materials previously provided.

Overtime - You should notify your NSR office before working overtime. Our normal policy is to pay time and one-half rates for any hours worked over 40 per pay period.* Our pay period begins at 12:01 a.m. on Monday and ends at 12:00 p.m. the following Sunday.

* There may be exceptions based on State law. Your Staffing Coordinator will review this with you before your assignment.

PAYROLLING SERVICES

If you have been referred by a client for "payrolling" you must fill out an application, successfully complete all tests and screening procedures, and meet the established hiring standards for NSR employees.

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As your employer, we are concerned about your safety and health. To accomplish our goal of providing as safe an environment as we can, we have established safety standards for all employees. Employee responsibilities are:

1. Notify us if you are asked to perform any duties outside the specific assignment you were sent to perform.
2. Notify us immediately if any supervisor or other authority at your job assignments directs you to perform any act that conflicts with the safety standards listed in this handbook.
3. When lifting, use the approved lifting technique; bend at your knees, grasp the load firmly, then raise the load by using your legs while keeping your back as straight as possible.
4. Never lift more than you can handle. Ask for help in lifting very heavy loads.
5. Never lift over 50 lbs. without permission from NSR. If the client company asks you to lift more than 50 lbs., first contact your Staffing Coordinator.
6. Never operate any machine or equipment unless you are specifically authorized to do so by your supervisor and have received proper training. Do not operate defective equipment. Do not use broken hand tools. Report defective or hazardous equipment to your supervisor.
7. Never remove or by-pass safety devices. Obey all safety signs and tags.
8. Make yourself aware of the locations of safety stations at your job site, such as first aid equipment, eye wash stations, and other minor medical supplies.
9. You may be assigned certain Personal Protection Safety Equipment (PPE). This equipment should be available for use on the job, be maintained in good condition, and worn/used when required.
10. Wear appropriate attire to light industrial assignments. Closed-toe shoes are mandatory attire for such assignments, and some clients may require steel-toe protective shoes.
11. Driving on the job and operating forklifts is strictly prohibited. If the client asks you to drive or operate a forklift, first contact your Staffing Coordinator.
12. Determine what safety standards our client has in place and follow them.

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13. Always perform your assigned task in a safe and proper manner; do not take shortcuts. The taking of shortcuts and the ignoring of established safety rules are the leading cause of employee injury. Do not participate in horseplay or tease or otherwise distract fellow workers. Do not run on client premises - always walk.

Failure to follow safety standards of the company and/or client will result in disciplinary action up to and including termination.

HAZARD COMMUNICATION

If you believe you are working with or around hazardous chemicals, you should ask our client for a list of the chemicals and the Materials Safety Data Sheet for the chemicals. You are required to advise your Staffing Coordinator of the conditions.

ON-THE-JOB INJURY

Employees are provided Workers' Compensation coverage from the day they begin work. The company pays the entire cost of this coverage. Employees are covered by Workers' Compensation if they are incapacitated by injury or illness arising out of their employment.

On-the-job injuries are paid for by NSR through its workers' compensation insurance. We pay 100% of the cost for this insurance; the money you see deducted from your check is for the handicapped workers money reserve. (Your contribution varies in accordance with state law.) Only on-the-job injuries are compensated through workers' compensation insurance.

The following policy has been established by us in an effort to assure that all employees who sustain a personal injury arising out of the course of their employment with us receive prompt, effective treatment and efficient processing of their workers' compensation claim.

1. Report all injuries to us immediately, even if you do not believe that it will require medical treatment. Otherwise, benefits may be denied which could have been compensated.
2. An injured employee will need to obtain a physician's work release for regular, modified, or no duty and deliver to NSR within 24 hours.
3. Upon receipt of the physician's recommendation, we will contact the physician and secure specific

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recommendations regarding temporary physical limitations, prohibitions, and/or needed accommodations. If it is determined that the employee can be assigned to modified duty, and if we determine that a modified duty position is available which conforms to the physician's recommendations, and the skills of the employee, the position will be offered to the employee, at the option of NSR.

4. Employees who are temporarily unable to work due to injury shall report their status to us immediately after each physician's visit. In the event, the employee is placed on a schedule by their treating physician which calls for visits more than one week apart, the employee shall report his or her status to us twice a week.

Failure to comply with the procedures outlined could interfere with the processing of your claim or your right to return to work at Northwest Staffing Resources.

MODIFIED OR LIGHT DUTY WORK

If the doctor determines that the employee is able to perform modified work, the organization will attempt to provide the employee with such a job until they are able to resume their regular duties, except where provided as an accommodation for a disability. All modified work may be offered at any location or on any shift. If an employee is offered a modified position that has been medically approved, failure to report at the designated time and place may affect time loss compensation and result in disciplinary action, up to and including termination.

ATTENDANCE AND PUNCTUALITY

Excessive absenteeism and tardiness adversely affects productivity and disrupts normal operating effectiveness for our clients. Excessive absenteeism and tardiness will be grounds for disciplinary action, up to and including termination.

JURY DUTY

The company supports employees who fulfill their duty as citizens to their communities. If they are summoned for jury duty or are subpoenaed to appear in court, they will be excused from work for the period of time serviced. Service includes required reporting for jury duty when summoned, whether or not they are selected. The jury duty summons or court subpoena must be presented to document the necessity of the absence. The company does not provide jury duty pay.

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DISCIPLINE

Management recognized its continuing responsibility to develop and administer the necessary company regulations and disciplinary measures in a fair and consistent manner, and the obligations of all employees to conform with those company rules and regulations applicable to their assignments.

The company's management seeks to establish and maintain appropriate administrative procedures, company rules, and regulations that will provide the most efficient and effective operation and to provide for proper disciplinary action whenever an employee (or employees) fails to observe such company rules and regulations.

It is our policy to make every effort to avoid unwarranted discharges. However, it is necessary to enforce our company rules fairly and consistently. Violations of company and/or client rules shall result in disciplinary action up to and including termination according to the frequency, seriousness, and circumstance of the offense. All employment continues to be on an "at will" basis.

GARNISHMENTS

A court-ordered legal claim against the wages of an employee by a creditor for nonpayment of a debt and served by the constituted legal authority is called a garnishment, and it must be recognized and executed by the company.

PERSONNEL FILE ACCESS

Upon request, personnel file or medical files, containing records relating solely to that employee will be made available to the individual per state guidelines with the following exceptions: investigative files, files dealing with potential or actual litigation and claims, and personnel planning documents (other than performance appraisals).

SUBSTANCE ABUSE POLICY

We are committed to maintaining a safe, productive work environment at all our facilities and client work sites and to safeguard our clients' property. The use of alcohol or drugs, or both, can undermine our productivity, the quality of services rendered, and our image. For these reasons we have established the following substance abuse policy:

The manufacture, sale, use or possession of alcohol, and other controlled or illegal substances (except strictly in accordance with medical authorization) or any other

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substances which impair job performance or pose a hazard, when use or possession occurs on our premises or property, our client's premises or property (including private vehicles on premises, parking lots, and recreation areas), during work time, or while representing us in any work-related fashion is prohibited.

Reporting for work having consumed alcohol or used illegal drugs or controlled substances at a time, or in such quantities, or in a manner that may impair work performance is prohibited. For purposes of this policy, having any detectable level of an illegal or controlled drug in your system while covered by this policy will be considered to be a violation.

If you take a medically prescribed drug, which is known or publicized as possibly impairing judgment, coordination or other senses important to the safe and productive performance of your work, you need to notify our placement desk before accepting the work assignment. You may need to have your physician determine if you can safely do the job based on the work being performed and the drug being prescribed.

We generally do not conduct drug screens on applicants; however, some of our clients require us to conduct substance abuse tests before accepting a temporary job at their job site. You may be asked to submit to a substance abuse test for these jobs. Also, some of our clients may have a drug or alcohol testing policy different than ours. You may be subject to such random or periodic testing. If we know of the testing policy we will advise you that there is a policy. It will be your responsibility to determine its terms and conditions, if you so choose. If you test positive as a result of our client's substance testing policy, you are subject to discharge by us, unless our client's policy is contrary to law. If you test positive under our client's drug test, you will have the opportunity to be retested as outlined in this policy.

Where we have a reasonable suspicion that an employee is in violation of this policy, the employee will be required to submit to testing to determine the presence or use or any involvement with alcohol or drugs. We reserve the right to determine whether reasonable suspicion exists.

Any employee who voluntarily requests assistance in dealing with a personal drug and/or alcohol problem may do so through their Branch Manager without jeopardizing their employment, as long as this assistance is sought before work performance has deteriorated or disciplinary problems have begun. Any treatment referrals utilized will be at the employee's expense.

As a result of corrective action arising from a drug or alcohol problem, an employee may be required to participate in a drug or alcohol treatment program. An employee who is so required will normally be evaluated for drug and alcohol use by a professional in this field. Where such an evaluation is scheduled, the organization will pay the cost. An employee may also be required to participate in follow-up care as part of a comprehensive alcohol and drug treatment program at the employee's expense. Depending upon the nature of the conduct which led to the employee's mandated participation in an alcohol and drug treatment program, the employee may be required to submit to random or unannounced screening for alcohol and/or drugs for a specified period of time and to meet various performance standards which are imposed as a condition of continuing employment.

Any employee who is found to be in violation of this policy, or who refuses to submit to testing as required, who refuses to cooperate or attempts to subvert the testing process will be subject to corrective action which could include immediate termination of employment. The organization also reserves the right to involve law enforcement officials for any conduct which it believes might be in violation of state or federal law.

If you are involved in a job-related accident resulting in physical injury (to yourself or others) requiring more than standard first aid, you will be required to submit to testing to determine the presence or use or any involvement with alcohol or drugs unless the organization determines in its discretion that the accident could not have been caused by alcohol or drug use.

If you believe that your specimen was not collected in accordance with established procedures you must report any deficiencies within 24 hours of the collection. Deficiencies reported after 24 hours have expired will not be considered.

After being informed of a positive result, an applicant or employee can request that the laboratory sample be retested at his/her own expense, payable in advance. Such a retest is subject to there being a sufficient amount of the sample, in advance. Request for a retest must be made in writing and delivered in person by the applicant or employee to the Staffing Coordinator within 10 days of the notification of the positive result. If the retest determines that the sample is negative, the company will reimburse the employee for the cost of the retest and consider reassignment, reinstatement, or hiring.

BENEFITS

We offer the best benefit package in our industry. For those who become temporary employees, we provide the following:

Vacation - After you have accumulated and been paid for 1,000 hours of work during the most recent 24-month period, you are eligible for one week of vacation pay (40 hours) at your average pay rate for the qualifying hours worked. It is your responsibility to request any vacation pay through submittal of a timecard to your Home Branch; the timecard must be approved by your Home Branch Manager or your Staffing Coordinator. A check for an approved and verified request will be printed and mailed within two weeks of receiving your vacation/holiday request.

Holiday - After you have worked 1,000 hours, you are eligible for holiday pay for the holidays listed below under the following conditions: If you are working full-time (8 hours per day), you will receive 8 hours of holiday pay. However, if you are working part-time, your pay will be determined by the number of average daily hours you work during the week just before the holiday. You must be on an assignment through NSR for a minimum of 24 work-hours during the week of the holiday in order to receive holiday pay.

New Year's Day
Memorial Day
4th of July
Labor Day
Thanksgiving Day
Christmas Day

It is your responsibility to request any holiday pay through submittal of a timecard to your Home Branch; the timecard must be approved by the Manager of your Home Branch or your Staffing Coordinator. Your pay rate will be calculated at the current rate of your assignment.

Those hired through our payrolling services are not eligible for holiday pay and vacation pay unless authorized by the client.

Insurance - All employees are covered by Workers' Compensation, Unemployment Insurance, General Liability, and Bonding. All are paid by NSR.

The company pays the entire cost of unemployment insurance. Its purpose is to provide temporary income for workers and their families when they have been laid off from their job through no fault of their own. If an employee

becomes unemployed for this reason, he/she may be eligible for unemployment compensation for a limited period of time.

If an employee becomes unemployed due to his/her own resignation, dismissal, or any other non-qualifying reason, the company will take the position with the state authorities governing the unemployment insurance that the employee is not entitled to unemployment compensation, and the company will object to any claims and will appeal any claims. If the employee fails to call in as available to their branch office each week, they will be considered to have resigned for purposes of unemployment.

Sickness/Accident and Dental/Vision Insurance for Employees - You are eligible for enrollment in a Sickness/Accident and/or Dental/Vision plan, In-Hospital Cash Plan, Income Replacement Plan, and Family Term Life Insurance at your own cost, after you have worked 30 days at a minimum average of 30 hours per week. Ask your Home Branch Staffing Coordinator for details on this new insurance plan.

401(k) Retirement Plan - After you have worked one full year and a minimum of 1,000 hours, and if you are at least 21 years of age, you are eligible to participate in NSR's 401(k) Retirement Plan. Currently, NSR matches a percentage of your contribution. Ask your Staffing Coordinator for details.

Time Off - Of course, one of the best things about working temporary assignments is the freedom you have with your time. Just let us know what days you are available to work.

Temporary of the Month - Each month we choose one outstanding temporary from each office for special recognition. We base our choice on flexibility, job performance, and work behavior. Anyone who works is eligible!

FAMILY AND MEDICAL LEAVE

Employees may be eligible for an unpaid Family and Medical Leave of Absence.

You are eligible if:

You have been employed with NSR for at least 180 days (26 weeks) or more before the first day of the family and medical leave; and

You have worked an average of 25 or more hours per week for NSR as of the day before the request for family and medical leave is made. This average will be calculated over the 180 days preceding the request for leave. (However, for

the purpose of taking parental leave there are no hours worked requirement.)

You are entitled to take family and medical leave to care for a newborn child or a newly placed adopted or foster child within 12 months of the event (parental leave); to care for a spouse, child, parent, or parent-in-law with a "serious health condition" (serious health condition leave); when you are unable to perform at least one essential function of your job because of a "serious health condition" (medical leave); or to care for a child who is suffering from an illness or injury which requires home care, but is not a serious health condition (sick child leave).

You are entitled to take up to 12 weeks family and medical leave during a 12-month period. The "week" is the employee's normal workweek schedule. The 12-month period will be measured forward from the date of leave.

In situations where the need for medical leave is known, you must give thirty (30) days written notice to take family and medical leave by filling out and turning in the Request for Family and Medical Leave form and the Health Care Provider Certification form.

In the case of an emergency situation where there is no opportunity to give notice, you must notify us of your intent to take family and medical leave immediately and must deliver the completed Request for Family and Medical Leave form and the Health Care Provider Certification form within 15 days of request. All requests for family and medical leave must be verified by a health care professional by using the Health Care Provider Certification form.

If medically necessary, family and medical leave may be taken on a reduced or intermittent schedule. Details of the proposed schedule should be attached to the Request for Family Leave form and should be verified by the certifying health care professional on the Health Care Provider Certification form.

While on leave, you may be required to provide periodic status reports to us.

If you use family and medical leave, you are entitled to return to the same or an equivalent job with equivalent benefits, pay, and other terms and conditions of employment. You may be required to present a fitness-for-duty certificate before being reinstated.

Other details regarding family and medical leave are available from the Benefits Administrator at the Corporate Office.

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REFERRAL BONUS

Send your friends to Northwest Staffing Resources, Inc. There is money in it for you, too! If you refer someone to NSR who is interested in work, hasn't worked for NSR in the past, and is hired by us, you will receive \$25.00.

After your referral successfully completes 80 hours for NSR, notify your Staffing Coordinator to request your referral bonus.

Please remind your referrals to tell us you referred them when they apply, so that you are eligible for the referral bonus.

CONFIDENTIALITY

As an NSR employee, you may have access to highly confidential and proprietary information. Our clients trust NSR employees. The unauthorized disclosure of any confidential information would have an adverse impact on our integrity and would have an adverse impact on our relationships with our clients. You should not disclose any confidential information pertaining to our clients or NSR without prior approval of your supervisor. Employees in certain positions, or working with certain clients, may also be required to sign a client-specific confidentiality statement as a condition of employment, in addition to the confidentiality agreement signed at the time of application.

SMOKING

Many of our clients have policies regarding smoking in the workplace and may be a non-smoking facility. Employees are expected to familiarize themselves with and respect the client's policy.

VEHICULAR TRAVEL

NSR employees are not authorized to perform work that involves travel of any type, including the performance of errands or travel from one work site to another. This includes travel by automobile (yours or client's), bus, train, or airplane. Travel by client-sponsored carpool to another work site, or any other travel, must be approved by us in writing prior to the event. Should your supervisor request that you perform job duties that require the use of your vehicle or their company vehicle, on company-paid time or on your personal time, please refer her or him to any of our offices.

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EMPLOYEE STANDARDS OF CONDUCT

Northwest Staffing Resources, Inc., expects employees to observe a standard of conduct which will maintain an orderly and productive work place. Such a standard of conduct will benefit and protect both the company and all employees. While courtesy and common sense should prevail, it is appropriate to clearly identify expectations so that everyone can act in accordance with our workplace standards. This information regarding unacceptable practice/behavior may help in providing guidance for employee actions.

1. You are expected to be at work assignments on time, stay until your workday ends, and to do the work assigned or requested of you. If you are unable to be at work on time, you are expected to contact NSR immediately.
2. You are expected to regard your workplace with respect and attention. NSR and client's records, equipment, and property are to be treated carefully and appropriately. You are responsible for those items in your custody and you will be held accountable for their maintenance, appropriate use, and/or accuracy.
3. You are expected to act in accordance with all appropriate codes, laws, regulation, and policies whether they are set by NSR, clients, or outside regulatory bodies.
4. You are expected to conduct yourself in a professional manner, exhibiting a high regard for our customers, vendors, business associates, and co-workers. No breach of professional behavior (abusive language, inappropriate conduct, harassment, personal business during worktime, etc.) will be condoned. This includes behavior such as requesting a wage advance from clients, borrowing money from clients or employees, carrying or using firearms or other weapons, or gambling on ours or clients' premises.
5. You are expected to maintain the confidentiality of organization information and customer information (i.e., personnel information, financial information, trade secrets, etc.).

These standards are not all-inclusive, but serve as guidelines to demonstrate work behaviors considered important to NSR. Employees who do not conduct themselves within the intent of these standards will be subject to corrective action, up to and including termination of their employment.

DISPUTE RESOLUTION PROCESS

It is the policy of NSR to resolve problems and misunderstandings of an informal basis and at the lowest level possible. This policy is intended to resolve the problem and to provide employees with a fair and objective review of important concerns. All issues will be handled without prejudice or retaliation.

Honest differences of opinion occur, and there may be times when an important situation will need the review or decision of a higher level of management. This is intended to occur only after you have discussed the situation with your immediate supervisor and a satisfactory solution has not been reached.

If you feel that a policy has been inappropriately applied or you have been unfairly treated or unjustly disciplined by your supervisor, you have the right to present the matter to your Branch Manager in writing for review. You will be notified of the final decision within a reasonable time frame.

This policy in no way limits any employee's recourse to any civil or legal process. All cases will be reviewed on an individual basis and without regard to precedent value.

PLEASE REPRESENT US WELL

PROMPTNESS

Be ten minutes early, especially on your first day.

APPEARANCE

Remember, you never get a second chance to make a first impression! Before a client looks at your work, they look at you. For this reason, we recommend you wear appropriate business attire that will reflect your professionalism for office assignments. For non-office assignments, please check with your Staffing Coordinator for appropriate dress code. In all cases, there is no substitute for good grooming and appropriate personal hygiene.

COMPANY RULES

Observe all company and client rules - hours, breaks, smoking, dress, etc.

VOLUNTEER

If you finish your work, ask if there is something else you can do.

PROOFREAD

Proofread your work. It's always better to catch your own errors.

ASK QUESTIONS

Don't be afraid to ask questions.

CONFIDENTIALITY

Maintain client confidentiality.

COMPUTER USE

NSR will not tolerate any unauthorized use of the client's computer (Internet, email, etc.).

TELEPHONE USE

Make personal phone calls on break time only. Do not use a client's phone for long distance or watts calls.

MAKE A GOOD IMPRESSION

Be pleasant and courteous.

CLIENTS' PROPERTY

Do not use the client's fax machine or any supplies such as envelopes, stamps, or stationery for your personal use.

Removal of client's property from client's premises by any NSR temporary employee is viewed by both the client and NSR as theft and may be grounds for termination, as well as legal prosecution.

CONTACT WITH OUR OFFICES

Call on the first day of each new assignment to give us an extension where you can be reached.

If you are having problems on the job, contact the Staffing Coordinator who assigned you to the job.

As soon as you know you will be completing your assignment, call one of the NSR offices and let them know your availability for future assignments. If you do not contact our office within 24 hours of completion of assignment, you will be considered unavailable for work.

If you are unable to report to work or if you expect to be late, call our office and speak to the Staffing Coordinator who assigned you the job.

For nights or weekends when our offices are closed the phones are forwarded to the answering service or voicemail which is checked regularly. Any time you are not going to work or are running late, you must call our regular number and leave your name, telephone number, name of the company, and reason for not going to work. If your supervisor requests that you call her or him directly, please do so, but under all circumstances call our office first. If you do not report to work and do not call, your employment with NSR may be terminated.

As our employee, you are covered by workers' compensation insurance on the job. Call our office immediately if an injury does occur on the job.

If you find full-time employment, let us know so we can move you to inactive status.

If the client contacts you directly for an assignment, or offers you full-time employment, contact us immediately. Our standard policy is that you must first complete 80 working days on our payroll for that client. This policy may be modified in contracts with certain clients. Ask your Staffing Coordinator for details.

Call our office if a client asks you a question about our policy.

Remember - When in doubt...call us!

FREQUENTLY ASKED QUESTIONS

Q: What about salary?

A: You are paid on a weekly basis at an hourly rate determined by your experience, the skills required for the job, and the prevailing market conditions. Your Staffing Coordinator will inform you of your hourly pay rate at the time of job assignment.

Q: Will I pay a fee?

A: No! There are not charges to you of any kind for providing you with employment. We have never charged a fee to any of our employees.

Q: Where will I work?

A: We try to assign you to companies in your locality or easily accessible by public transportation...always considering your personal preferences for hours and locations.

Q: How often will I work?

A: That depends on three factors: how readily we can reach you when work is available; your flexibility; and your performance on job assignments.

Q: Must I accept every assignment?

A: No. One of the advantages of being a temporary is the flexibility of your work schedule to suit your convenience. When you accept an assignment, however, we depend on you to fulfill your commitment. Jobs vary from one to two days, a week or two, or several months.

Q: How far in advance are assignments confirmed?

A: We will give you as much notice as the clients give us, usually a day or more. Occasionally, clients may call us the same day that they need help, so we may ask you to go to work on short notice at such times.

Q: Who pays for parking?

A: Parking costs are your expense unless we inform you otherwise.

Q: Do we have jobs in other cities?

A: We now have branches in four states (see listing on back

of handbook); if you are moving to one of the cities that we currently have a branch, please let your Staffing Coordinator know so your personnel file can be transferred.

Q: What if I do not have a timecard?

A: Call your Staffing Coordinator and a timecard will be mailed or faxed to you.

Q: What if I am offered a full-time job by the client while on assignment for NSR?

A: Please contact your Staffing Coordinator immediately. Our standard policy states that you must first complete 90 working days on our payroll. This policy may be modified in contracts with certain clients.

Thank you for joining the NSR Family.

NORTHWEST STAFFING RESOURCES, INC.

Branch Offices

<http://www.nwstaffing.com>

Oregon

Corporate Office

503.323.9190 • FAX 373.7379

Vancouver

360.695.4900 • FAX 695.4901

Downtown Portland

503.242.0611 • FAX 323.9137

Lloyd Center

503.239.6090 • FAX 239.6585

Beaverton

503.643.7574 • FAX 643.5974

Clackamas

503.652.1222 • FAX 652.5849

Legal Northwest - Portland

503.242.2514 • FAX 274.7895

<http://www.legalnw.com>

Attorney Staffing Group - Portland

503.219.6735 • FAX 274.7895

Washington

Bellevue

425.453.2310 • FAX 451.9285

Kent

425.251.6651 • FAX 251.6839

Idaho

Boise

208.321.2700 • FAX 321.2640

Canyon County

208.453.9449 • FAX 453.4919

California

Sacramento

916.561.5730 • FAX 561.5733

few Year's Day, ... orial Day, Independence Day,
Labor Day, Thanksgiving Day, Christmas Day
401k After 1 year and 1000 hours worked
Scholarship programs

DISCRIMINATION/ EEO/SEXUAL HARASSMENT
ISR is committed to providing a work environment
free from discrimination and sexual harassment.
ISR strictly adheres to the principles of EEO and
expressly prohibits discriminatory employment
practices. Sexual harassment is unwelcome sexual
conduct which has the purpose or effect of interfering
with an individual's work performance or which
creates an offensive or hostile work environment.
Conduct which will not be condoned may be verbal,
sexual or physical in nature.

ISR assignment employees are required to report
incidents which they believe constitute discrimination
- sexual harassment to their local NSR
representative or, where appropriate, your U-Haul
manager. An investigation will take place and the
matter will be handled in an appropriate and
confidential manner.

SUBSTANCE ABUSE POLICY
ISR has a strict policy concerning the use,
possession or influence of illegal drugs or alcohol
during work and on NSR or client premises. You
may be required to pass a drug screening test prior to
being placed on assignment with U-Haul and will
ways be required to take one in the event of an on-
the-job-injury.

**CONFIDENTIALITY/Non-Disclosure
Agreements**

Your work at U-Haul is the proprietary,
confidential and trade secret information you
encounter during your assignment must be kept
confidential. You will be required to sign forms
documenting your understanding of, and compliance
with, this policy.

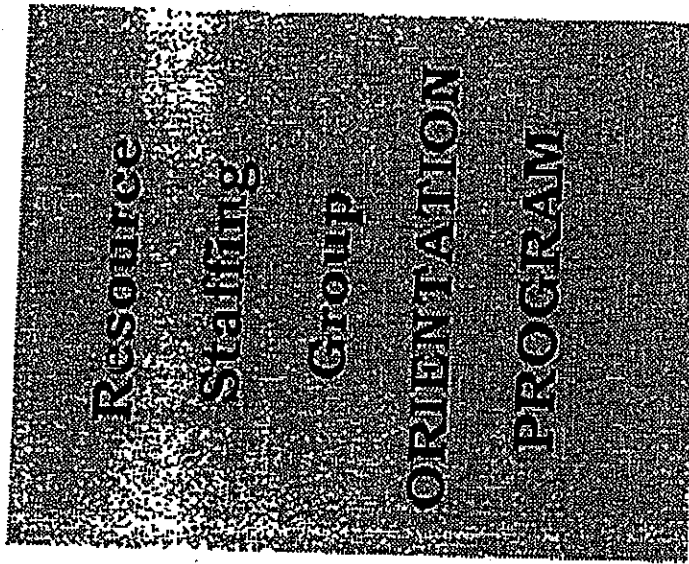
Resource Staffing Group

3604 Fair Oaks Blvd. #160
Sacramento, CA 95864
916-679-0430 Office
916-679-0442 Fax

Rod Crowell
Branch Manager
916-716-4909 cell

Lisa Murray
Recruiter/Administrative

Revised 07/02/03



For
Assignment
Employees
At U-Haul

WELCOME TO NORTHWEST STAFFING RESOURCES

As a Northwest Staffing Resources ("NSR") assignment employee, you are an important part of the success of our relationship with our clients. NSR is pleased to welcome U-Haul International as a new and valued partner. If you are placed as an NSR assignment employee at U-Haul International, the following information will help you be comfortable on the first day of your assignment, as well as provide you with some general guidelines.

U-HAUL INTERNATIONAL

Founded in 1945, today U-Haul trucks and trailers can be rented from over 15,000 independent dealers and more than 1,200 company-owned U-Haul Moving Centers. The U-Haul System, the undisputed leader in the do-it-yourself moving industry, is also the second-largest operator of self-storage facilities, the world's largest installer of permanent trailer hitchers and the world's largest Yellow Pages advertiser under a single brand name.

Please note: Although you may be placed on assignment at U-Haul, you are employed by NSR and are not eligible for any U-Haul benefits.

ATTENDANCE

Punctuality and excellent attendance are essential for a productive and successful assignment. As an NSR team member you are expected to be at work on time and as scheduled for your assignment. If you are going to be late or absent, it is your responsibility to notify NSR at least 2 hours before the start of your workday. Excessive lateness or absence may result in NSR terminating your assignment at U-Haul.

916-679-430 Office / 24 HR. VM - NSR
206.772.3427 Office U-Haul International

DRESS CODE

As an NSR assignment employee, you are a representative of our company. Your appearance should always reflect your commitment to quality and professionalism. Thank you for using good

judgment in selecting your work attire while on assignment with U-Haul.

LUNCH AND BREAKS

Please check with your U-Haul supervisor to inform you of your lunch and break times.

WHILE ON ASSIGNMENT AT U-HAUL...

- Please do not solicit employment with U-Haul. If a position for which you are qualified and eligible becomes available, U-Haul will notify NSR and we will forward information regarding these opportunities on to you.
- Personal phone calls should be restricted to lunch and break periods.
- In the event of an emergency, all communication from family or friends should be directed to the local NSR office. Your NSR representative will contact you at your work area immediately.

ASSIGNMENT DURATION

When you accept an assignment at U-Haul, you are expected to complete the full duration of the assignment. Your NSR representative will inform you of the start and end dates at the time the assignment is offered to you. Both short and long term assignments are available. Assignments may be terminated at any time without notice.

PAY

When an assignment is offered to you, your NSR representative will inform you of the hourly pay rate and the process for receiving your paycheck. You are responsible for accurately recording your hours worked. Salary compensation should be discussed only with your NSR representative.

PAYROLL PROCEDURES

All assignment employees must complete time card weekly. At the end of each week, your U-Haul representative will review and sign the time card.

U-Haul supervisor will forward the timesheet to NSR for processing and payment. It will be your responsibility to sign in and out daily on these timesheets.

OVERTIME POLICY

On occasion, you may be requested to work overtime, possibly with very little notice. We thank you for being flexible in accommodating your schedule to meet work demands and deadlines. All overtime must be approved by your U-Haul contact. Overtime is any time worked over 40 hours in a Monday - Sunday period. Overtime is paid at 1 and 1/2 times your pay rate.

RECOGNITION AND INCENTIVE

NSR recognizes outstanding performance. Through monthly performance and quality appraisals, your attendance, punctuality, attitude, initiative, work performance and productivity will be reviewed. Performance will be recognized through NSR's "Employee of the Month" program. Also, NSR offers incentives to assignment employees who recommend friends/family for employment. Once someone you referred completes a minimum number of hours with NSR, you will receive a cash bonus. Ask your NSR representative for additional details!

Benefits

As an employee of NSR, you are eligible for our benefits as stated below:

Med/Dent/Vision/AD&D Life - After 30 days of employment you are eligible to enroll

Vacation - After you have completed 1 year of employment at U-Haul you will receive 1 week paid vacation for the first year 2 weeks for the 2nd year

Holiday Pay

Immediately are eligible for the 6 major holidays of the year, based on you working a min. of 24 hrs. the week of the holiday.

NS

NORTHWEST TRAINING RESOURCES, INC.
& Resource Staffing Group

APPLICATION FOR
EMPLOYMENT

Immigration and Naturalization Service regulations require 2 pieces of current identification.
We consider applicants for all positions without regard to race, color, religion, sex,
national origin, age, marital or veteran status, or any legally prohibited basis.

ANY EQUAL OPPORTUNITY EMPLOYER

ATI

PLEASE PRINT

NAME (LAST FIRST) _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
PHONE TEL. NO. _____
MESSAGE NO. _____
TELEPHONE NO. _____

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EMPLOYMENT VERIFICATION & REFERENCE CHECK**Applicant Information**

Last Name:	First Name:	Middle Initial:
Social Security Number:		
Other Names you have worked under:		

I certify that the information supplied on this form is true and complete to the best of my knowledge and authorize the investigation of all information contained on this form. I release from liability any person or employer supplying such information and Northwest Staffing Resources, and/or their specialty divisions from any liability which might result from its investigation. I consent to disclosure in accordance with the provisions of the Privacy Act of 1974 and similar state and federal laws.

Signature:	Date:
------------	-------

Please list your last three employers**REFERENCE 1**

Dates: To:	Employer/City/State:	Phone:
Job Title:	Salary:	Supervisor:
Reason for Leaving:		

REFERENCE 2

Dates: To:	Employer/City/State:	Phone:
Job Title:	Salary:	Supervisor:
Reason for Leaving:		

REFERENCE 3

Dates: To:	Employer/City/State:	Phone:
Job Title:	Salary:	Supervisor:
Reason for Leaving:		

For Office Use Only

Employer #1	1-5
Punctuality	
Attendance	
Cooperation	
Productivity	
Attitude	
Are the dates provided correct?	
Eligible for Rehire:	
Strengths/ Improvements:	

Employer #2	1-5
Punctuality	
Attendance	
Cooperation	
Productivity	
Attitude	
Are the dates provided correct?	
Eligible for rehire?	
Strengths/ Improvements:	

Employer #3	1-5
Punctuality	
Attendance	
Cooperation	
Productivity	
Attitude	
Are the dates provided correct?	
Eligible for rehire?	
Strengths/ Improvements:	

Comments:

NSR HIRING STANDARDS FOR ALL TEMPORARY EMPLOYEES - POLICY AND PROCEDURES CHECKLIST

To indicate that you have read and understood each line, please place your initials in the space provided.

- _____ I understand to be eligible for employment I **MUST** provide the following:
- Proof of eligibility to work in the U.S. and complete an I-9 form (required by the Immigration and Naturalization Service).
 - A consistent and verifiable work history.
 - An explanation for any "termination" listed as a reason for leaving a previous employer.
 - 3 professional references, with verifiable dates of employment.
 - Educational references that are documented or verifiable, when required by the job assignment.
 - Written and oral means of being contacted.
- _____ I understand to be eligible for employment I **MUST** perform the following:
- Completely and truthfully fill out the application included in the employment packet.
 - Successfully complete an Insight Survey.
 - Sign a consent form to submit to drug testing. I understand that my failure to comply with this agreement will be grounds for my immediate termination.
 - Sign a consent form to submit to a background check.
 - Comply with the safety rules and regulations and hazardous communication program as shown to me in the NSR orientation and safety video.
- _____ I understand the following NSR policies regarding applicants:
- NSR may not interview me today. NSR may call me another day for an interview.
 - NSR does not always make hiring decisions instantly. Depending upon the number of applicants, decisions may take several days.
 - NSR does not discuss our hiring decisions with applicants.
 - NSR does not always hire everyone who applies.
 - NSR will call me if they have a job for me.
- _____ I understand my responsibilities with NSR include but are not limited to the following:
- I understand I **MUST** display a courteous and businesslike attitude.
 - I understand I am expected to complete any job assignment I accept. If I do not complete the assignment, NSR can assume I have voluntarily quit.
 - I understand I am an employee of NSR and only I or NSR can terminate my employment. When an assignment ends I must report to the office for my next assignment. Failure to do so or to accept my next assignment will indicate that I have voluntarily quit.
 - I understand the "No Show" policy enforced by the staffing coordinator. If for some unexpected reason, such as an emergency or illness cannot make it to work or will be late, I will contact NSR as soon as possible so you can call the client and/or find a replacement. My failure to do so may be grounds for dismissal or indicate that I have quit.
 - If I sustain an injury on the job, I will inform the client and NSR immediately after the accident (unless severity of accident is such that I cannot inform NSR immediately, I will inform NSR as soon as possible). In this case I will inform NSR as soon as possible. NS will coordinate with the client and myself the proper procedure for treatment and reporting of the accident.
- _____ I understand the following NSR policies regarding payroll:
- NSR pays its employees once a week. The pay period starts on Monday and ends on Sunday. I will check with my branch office for specific dates and times when check will be available.
 - In order to be paid in a timely manner, I understand that timecards must be turned in no later than 3:00 p.m. on the Monday following the week worked. Any late cards will not be paid until the next payroll period.
 - Unless special arrangements have been made, I understand NSR will not recognize or pay for any hours worked by an employee in the absence of an individual timecard signed by both the client and the employee.
- I understand I am applying for employment with Northwest Staffing Resources, Inc. (NSR). I further understand that NSR makes no promise or guarantee of permanent employment or employment for a specified term. I understand NSR is an "at will" employer. Just as I can terminate my employment at any time and for any reason, NSR can terminate my employment at any time and for any reason. I also understand that continued employment with NSR is at the sole and exclusive option of their management.

I have read and understand the above standards and conditions for employment. I understand that failure to comply with these policies and procedures could lead to my termination and may jeopardize my unemployment benefits.

Name of Applicant	_____		
	(please print)		
Signature of Applicant	_____	Date	_____
Branch Rep	_____	Date	_____

are committed to maintaining a safe, productive work environment at all our sites and client work sites and to safeguard our clients' property. The use of alcohol or drugs, or both, can undermine our productivity. The drugs, or both, can impair our productivity. The quality of services rendered, and our image. For the reasons we have established the following drug abuse policy.

Manufacture, sale, use or possession of alcohol, and other controlled or illegal substances (except strictly in accordance with medical authorization) or any other substances which impair job performance or pose a hazard, when use or possession on our premises or property, our client's premises or property (including vehicles on premises, parking lots and recreation areas), during work time, or representing us in any work-related fashion is prohibited.

Working for work having consumed alcohol or used illegal drugs or controlled substances at a time, or in such quantities, or in a manner that may impair work performance is prohibited. For purposes of this policy, having any detectable level of illegal or controlled drug in your system while covered by this policy will be considered to be a violation.

We have reasonable suspicion that an employee is in violation of this policy, employees will be required to submit to testing to determine the presence or use of any involvement with alcohol or drugs. We reserve the right to determine other reasonable suspicion exists.

We are involved in a job-related accident resulting in physical injury (to yourself or others) requiring more than standard first aid you will be required to submit to testing to determine the presence or use of any involvement with alcohol or drugs as the organization determines in its discretion that the accident could not have been caused by alcohol or drug use.

DRUG SCREEN AUTHORIZATION

I, the undersigned, hereby give my consent and voluntarily submit to an employment-related drug screen of my urine. In understanding that this may be used at the request of one NSR client or NSR, I further understand that if my drug screen is positive for illegal drugs, I will not be assigned to the client for employment and my employment with NSR will end.

Undersigned NSR will require a drug screen whenever an on-the-job accident or injury is reported in accordance with the company policy and this authorization I consent.

You agree to the above conditions to process your application and as an on-going condition of employment?

Please initial one answer: Yes _____ No _____

Sub-B Applicant Type.doc

I, the undersigned, hereby authorize the laboratory, clinic, or organization doing the drug screening to release to Northwest Staffing Resources' client all results of the drug screen performed by the laboratory.

I authorize NSR and its client to communicate this information internally and/or between themselves as they deem appropriate and to use this information for any purpose, including but not limited to evaluating whether or not to continue my employment.

I understand that the drug screen results will be kept confidential to the extent possible and the circumstances. However, if the results are made public, I release NSR and its client from liability for damages, which may result to me through no fault of NSR and/or its client.

Do you agree to the above conditions to process your application and as an on-going condition of employment?

Please initial one answer: Yes _____ No _____

FELONY DISCLOSURE

WA and CA Applicants: Have you been convicted of a felony within the last 7 years?
OR and ID Applicants: Have you been convicted of a felony within the last 10 years?

Please initial one answer: Yes _____ No _____

If yes, give dates and circumstances:

Your answer may or may not affect our hiring decision depending upon the position to which you are being considered.

SIGNATURE

I certify that the answers given herein are true and complete to the best of my knowledge, have read and understand the authorization given herein. I agree that NSR shall not be liable in any respect if employment is denied to me or if my employment is terminated because of false, incomplete or misleading information in my application or interview(s).

Applicant Signature _____

Date Signed _____

Rev. 2/94

BACKGROUND VERIFICATION AUTHORIZATION

Many of our clients require background checks on all employees working within their facilities. In order to comply with our clients' requests, we require your authorization to investigate and release to the client any pertinent information the client may request from your personnel record, including Criminal Background Investigation information. Your signature below will give us that authorization.

I authorize Northwest Staffing Resources, Inc. (NSR) and/or their specialty divisions to release to their client information NSR, and the client deem pertinent to satisfy the client's "background check" procedures.

Signed _____

Print Name _____

Date _____

Social Security # _____

Driver's License # _____

Birth Date _____

Please list places of residence for the last seven years.

ADDRESSES	FROM - TO

Are you presently charged with and awaiting trial for a misdemeanor or felony criminal offense, and/or have you been convicted of a felony or a misdemeanor:

- WA & CA applicants in the last 7 years?
- OR & ID applicants in the last 10 years?

☐ Yes

☐ No

If yes, list dates, places and disposition. (Note: A conviction is not an automatic disqualification from employment. You are not required to list: 1) any conviction for which the record has been judicially expunged, sealed or eradicated; 2) any misdemeanor for which the probation has been completed and the case has been judicially dismissed; 3) any arrest for which a pretrial diversion program has been successfully completed in accordance with Sections 1000.5 and 1001.5 of the Penal Code.)

NATURE OF INCIDENT(S)	DATE(S)	LOCATION(S)	DISPOSITION

Please read the following before signing:

I certify that all statements I have made on this application and resume submitted with this application, or any other supplementary material are true and correct. I also recognize that any falsification of this information, or any intentional omission of data on my part, may result in my immediate termination.

In the event that I am placed on a temporary, contractor or direct assignment at _____ (the client), I hereby authorize the client to investigate the accuracy of the information on my application of employment with NSR, from any person or organization, and I release the client, NSR, and all persons and organizations from all claims and liabilities of any nature arising from such investigation.

Signature _____

Date _____

SAFETY

As your employer, we are concerned about your safety and health. To accomplish our goal of providing as safe an environment as we can, we have established safety standards for all employees. Employee responsibilities are:

All applicants

1. Notify us if you are asked to perform any duties outside the specific assignment which you were sent to perform.
2. Notify us immediately if any supervisor or other authority at your job assignment directs you to perform any act that conflicts with any rule or regulation listed in your handbook.
3. Make yourself aware of the locations of safety stations at your job site, such as first aid equipment, eye wash stations, and other minor medical supplies.
4. Determine what safety standards our client has in place and follow them.
5. Always perform your assigned task in a safe and proper manner; do not take shortcuts. The taking of shortcuts and the ignoring of established safety rules is the leading cause of employee injury.
6. Notify your branch office immediately if you have been injured on the job.

Light Industrial Applicants

7. When lifting, use the approved lifting technique: bend at your knees, grasp the load firmly, then raise the load by using your legs while keeping your back as straight as possible.
8. Never lift more than you can handle. Ask for help in lifting very heavy loads.
9. Never lift over 50 pounds without permission from your branch. If the client company asks you to lift more than 50 lbs., first contact your staffing coordinator.
10. Do not use any machinery with which you are unfamiliar.
11. Never remove or bypass safety devices. Obey all safety signs and tags.
12. You may be assigned certain Personal Protective Safety Equipment (PPE). This equipment should be available for use on the job, be maintained in good condition, and worn when required.
13. Wear appropriate attire to light industrial assignments. Closed-toe shoes are mandatory attire for such assignments, and some clients may require steel-toe protective shoes.
14. Driving on the job and operating forklifts is strictly prohibited. If the client company asks you to drive or operate a forklift, first contact your Staffing Coordinator.

HAZARD COMMUNICATION

If you believe you are working with or around hazardous chemicals, you should ask our client for a list of the chemicals and the Materials Safety Data Sheet (MSDS) for the chemicals. You should advise us of the conditions.

Name of Applicant			
	(please print)		
Signature of Applicant		Date	
Branch Representative		Date	

CONDITIONAL OFFER OF EMPLOYMENT

Northwest Staffing Resources, Inc. (NSR) and its affiliates provide assignments to qualified individuals. Assignments may range from one day to long term in duration and may be part or full-time. Sometimes we can assign new applicants quickly, while at other times it may take us longer to find you suitable work. On occasion, we are unable to find employment for some individuals.

NSR AND ITS AFFILIATES CANNOT GUARANTEE THAT WE WILL FIND YOU EMPLOYMENT.

Based on the data you have provided us on your application, you possess the basic qualifications, skills, and experience required for placement. We are making this conditional offer of employment with the following conditions:

- Your completion of additional orientation
- Our completion of employment reference checks
- Your ability to perform essential functions of the assignment

Name of Applicant			
	(please print)		
Signature of Applicant		Date	
Branch Representative		Date	

Form W-4 (2004)

Purpose. Complete Form W-4 so that your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2004 expires February 15, 2005. See Pub. 505, Tax Withholding and Estimated Tax.

Note: You cannot claim exemption from withholding if: (a) your income exceeds \$800 and includes more than \$250 of unearned income (e.g., interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 adjust your withholding allowances based on itemized

deductions, certain credits, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line 6 below.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 918, How Do I Adjust My Tax Withholding? for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

Two earners/two jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

Nonresident alien. If you are a nonresident alien, see the instructions for Form 1040 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 918 to see how the dollar amount you are having withheld compares to your projected total tax for 2004. See Pub. 918, especially if your earnings exceed \$125,000 (single) or \$175,000 (married).

Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 to initiate a name change and obtain a social security card showing your correct name.

Personal Allowances Worksheet (Keep for your records.)

- A** Enter "1" for yourself if no one else can claim you as a dependent **A** _____
- B** Enter "1" if: **B** _____
- You are single and have only one job; or
 - You are married, have only one job, and your spouse does not work; or
 - Your wages from a second job or your spouse's wages (for the total of both) are \$1,000 or less.
- C** Enter "1" for your spouse. But, you may choose to enter "0" if you are married and have either a working spouse or more than one job. (Entering "0" may help you avoid having too little tax withheld.) **C** _____
- D** Enter number of dependents (other than your spouse or yourself) you will claim on your tax return **D** _____
- E** Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) **E** _____
- F** Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit **F** _____
- (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)
- G** Child Tax Credit (including additional child tax credit): **G** _____
- If your total income will be less than \$52,000 (\$77,000 if married), enter "2" for each eligible child.
 - If your total income will be between \$52,000 and \$84,000 (\$77,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have four or more eligible children.
- H** Add lines A through G and enter total here. Note: This may be different from the number of exemptions you claim on your tax return. **H** _____
- For accuracy, complete all worksheets that apply.
- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
 - If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$35,000 (\$25,000 if married) see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld.
 - If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 <small>Department of the Treasury Internal Revenue Service</small>		Employee's Withholding Allowance Certificate <small>OMB No. 1545-0070</small>		2004
<p style="text-align: center;">▶ Your employer must send a copy of this form to the IRS if: (a) you claim more than 10 allowances or (b) you claim "Exempt" and your wages are normally more than \$200 per week.</p>				
1 Type or print your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>(Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.)</small>		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5
6 Additional amount, if any, you want withheld from each paycheck				6 \$
7 I claim exemption from withholding for 2004, and I certify that I meet both of the following conditions for exemption: • Last year I had a right to a refund of all Federal income tax withheld because I had no tax liability and • This year I expect a refund of all Federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here				
<small>Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.</small>				
Employee's signature <small>(Form is not valid unless you sign it.)</small>				
8 Employer's name and address (Employer: Complete lines 9 and 10 only if sending to the IRS.)			9 Office code (optional)	10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Col. No. 102200

Form W-4 (2004)

Form W-4 (2004)

Page 2

Deductions and Adjustments Worksheet**Note:** Use this worksheet only if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2004 tax return.

- 1 Enter an estimate of your 2004 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2004, you may have to reduce your itemized deductions if your income is over \$142,700 (\$71,350 if married filing separately). See Worksheet 3 in Pub. 919 for details.) 1 \$ _____
- 2 Enter:
 - \$9,700 if married filing jointly or qualifying widow(er)
 - \$7,150 if head of household
 - \$4,850 if single
 - \$4,850 if married filing separately
 2 \$ _____
- 3 Subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-". 3 \$ _____
- 4 Enter an estimate of your 2004 adjustments to income, including alimony, deductible IRA contributions, and student loan interest 4 \$ _____
- 5 Add lines 3 and 4 and enter the total. (Include any amount for credits from Worksheet 7 in Pub. 919) 5 \$ _____
- 6 Enter an estimate of your 2004 nonwage income (such as dividends or interest) 6 \$ _____
- 7 Subtract line 6 from line 5. Enter the result, but not less than "-0-". 7 \$ _____
- 8 Divide the amount on line 7 by \$3,000 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from the Personal Allowances Worksheet, line H, page 1 9 _____
- 10 Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earner/Two-Job Worksheet, also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1 10 _____

Two-Earner/Two-Job Worksheet (See two earners/two jobs on page 1.)**Note:** Use this worksheet only if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet) 1 _____
- 2 Find the number in Table 1 below that applies to the LOWEST paying job and enter it here 2 _____
- 3 If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet 3 _____

Note: If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4-9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet 4 _____
- 5 Enter the number from line 1 of this worksheet 5 _____
- 6 Subtract line 5 from line 4 6 _____
- 7 Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here 7 \$ _____
- 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
- 9 Divide line 8 by the number of pay periods remaining in 2004. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2003. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1: Two-Earner/Two-Job Worksheet

Married Filing Jointly			Married Filing Jointly			All Others		
If wages from HIGHEST paying job are—	AND, wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	AND, wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	
\$0 - \$4,000		0	\$4,001 and over	\$1,001 - \$3,000	6	\$0 - \$6,000	0	
4,001 - 8,000		1		3,001 - 4,000	7	6,001 - 11,000	1	
8,001 - 17,000		2		4,001 - 50,000	8	11,001 - 18,000	2	
17,001 and over		3		50,001 - 55,000	9	18,001 - 25,000	3	
				55,001 - 65,000	10	25,001 - 31,000	4	
				65,001 - 75,000	11	31,001 - 44,000	5	
				75,001 - 85,000	12	44,001 - 55,000	6	
				85,001 - 100,000	13	55,001 - 70,000	7	
				100,001 - 115,000	14	70,001 - 80,000	8	
				115,001 and over	15	80,001 - 100,000	9	
						100,001 and over	10	

Table 2: Two-Earner/Two-Job Worksheet

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$60,000	5470	\$0 - \$30,000	5470
60,001 - 110,000	780	30,001 - 70,000	780
110,001 - 150,000	870	70,001 - 140,000	870
150,001 - 270,000	1,020	140,001 - 320,000	1,020
270,001 and over	1,090	320,001 and over	1,090

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(b)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, and the District of Columbia for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to Federal and state agencies to enforce Federal motor vehicle laws and to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB

control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The time needed to complete this form will vary depending on individual circumstances. The estimated average time to: Recordkeeping, 45 min.; Learning about the law or the form, 15 min.; Preparing the form, 59 min. If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Products Coordinating Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. Do not send Form W-4 to this address. Instead, give it to your employer.

Employee No. _____ (For Office Use Only)

Last Name _____
(Please be legal name as shown on valid security card)

First Name & M.I. _____
(Please be legal name as shown on valid security card)

Social Field _____ (For Office Use Only)

Street Address _____ Apt No. _____

City _____ State _____ Zip _____

Phone (____) _____ E-Mail _____

Social Security No. ☐☐☐ - ☐☐ - ☐☐☐☐☐☐

Marital Status ☐ Single ☐ Married

Number of Exemptions (line 5 from W-4) _____ Additional Amount \$ / % _____

Sex ☐ Male ☐ Female

Date of Birth ☐☐ Month ☐☐ Day ☐☐☐ Year

** Date of Birth is mandatory for MAS 90 (payroll).*

Date of Hire ☐☐ Month ☐☐ Day ☐☐☐ Year

Emergency Phone (____) _____

Emergency Contact _____

For Office Use Only

Primary State: ☐ WA ☐ OR ☐ CA ☐ ID

Paycycle: ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly

Benefit Code: T - Temps

Review W-4 for Number of Exemptions. Exemption Status and Overriding Tax Amounts

Entered By: _____ Date Entered: _____
Added/Changed in EZ Access: ☐ Added/Changed in MAS90: ☐

U.S. Department of Justice
Immigration and Naturalization Service

OMB No. 1515-0136

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #
<p>I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.</p>		<p>I attest, under penalty of perjury, that I am (check one of the following):</p> <p><input type="checkbox"/> A citizen or national of the United States</p> <p><input type="checkbox"/> A Lawful Permanent Resident (Alien # _____)</p> <p><input type="checkbox"/> An alien authorized to work until ____/____/____ (Alien # or Admission #)</p>	
Employee's Signature		Date (month/day/year)	

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): ____/____/____		____/____/____		____/____/____
Document #: _____				
Expiration Date (if any): ____/____/____				

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) ____/____/____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name	Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)		

*Resource Staffing Group 3604 Fair Oaks Blvd #160
Sacramento CA 95814*

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title: _____	Document #: _____
Expiration Date (if any): ____/____/____	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.	
Signature of Employer or Authorized Representative	Date (month/day/year)

Form I-9 (Rev. 11-21-91)N Page 2

LISTS OF ACCEPTABLE DOCUMENTS

LIST A		LIST B		LIST C
Documents that Establish Both Identity and Employment Eligibility	OR	Documents that Establish Identity	AND	Documents that Establish Employment Eligibility
1. U.S. Passport (unexpired or expired)		1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color and address		1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Certificate of U.S. Citizenship (INS Form N-560 or N-561)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, sex, height, eye color and address		2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Certificate of Naturalization (INS Form N-550 or N-570)		3. School ID card with a photograph		3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization		4. Voter's registration card		4. Native American tribal document
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (INS Form I-197)
6. Unexpired Temporary Card (INS Form I-688)		6. Military dependent's ID card		6. ID Card for use of Resident Citizen in the United States (INS Form I-179)
7. Unexpired Employment Authorization Card (INS Form I-688A)		7. U.S. Coast Guard Merchant Mariner Card		7. Unexpired employment authorization document issued by the INS (other than those listed under List A)
8. Unexpired Reentry Permit (INS Form I-327)		8. Native American tribal document		
9. Unexpired Refugee Travel Document (INS Form I-571)		9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above:		
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-688B)		10. School record or report card		
		11. Clinic, doctor or hospital record		
		12. Day-care or nursery school record		

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

Form I-9 (Rev. 11-21-91)N Page 3

**Individual Characteristics Form
Work Opportunity Tax Credit and
Welfare-to-Work Tax Credit**

U.S. Department of Labor
Employment and Training Administration
U.S. Employment Service



1. CONTROL NO.
(For Agency Use Only)

Individual Information

OMB Control No.: 1205-0371

2. DATE RECEIVED
(For Agency Use Only)

3. EMPLOYER NAME/ADDRESS

Northwest Staffing Resources, Inc.
333 SW 5th Ave., Suite 250
Portland, OR 97204

4. EMPLOYER ID NUMBER

93-0890341

5. EMPLOYMENT START DATE

Starting Wage:

\$ _____ per hour

POSITION:

6. Have you worked for the above employer before?

Yes _____ No _____

7. NAME OF INDIVIDUAL (Last, First, Middle)

8. SOCIAL SECURITY NUMBER:

The above named individual is determined to have the following characteristics for WOTC-Target Group Certification.

9. Age between 18 - 25?

Yes _____ No _____

If YES, indicate your "Date of Birth" below:

Date of Birth

12. Is a member of a family that received Food Stamps for the last 6 months.

Yes _____ No _____ or

for at least a consecutive 3-month period within the last 6 months, BUT is no longer receiving them?

Yes _____ No _____

If YES to either, also complete Box 17.

10. A veteran and a member of a family that received Food Stamps for a period of at least 3 months in the last 15 months.

Yes _____ No _____

If YES, also complete Box 17.

13. In the past year has been convicted of a felony or released from prison after a felony conviction.

Yes _____ No _____

If YES, complete below:

Date of Conviction _____

Date of Release _____

Total Income for the past 6 months for all family members living in the same household?

Total Income: _____

(If No Income, Enter 0 above)

No. of family members living in the same household for the past 6 months, including yourself: _____

11. Is a member of a family that received AFDC (TANF) benefits for any 9 months in the last 18 months.

Yes _____ No _____

If YES, also complete Box 17.

14. Lives and plans to continue living in a Federal Empowerment Zone or Enterprise Community.

Yes _____ No _____

18. Received Supplemental Security Income (SSI) benefits for any month ending within the last 50 days.

Yes _____ No _____

15. Is receiving or has received Rehabilitation Services through a State Rehabilitation Services program or the Veterans' Administration.

Yes _____ No _____

17. If individual is not a primary recipient of benefits, please provide the following:

Name of Primary Recipient _____

City/State of Benefits _____

This section is to be completed by individuals starting work after December 31, 1997, under the Welfare-to-Work Tax Credit only.

18. Is a member of a family that:

• Has received AFDC or TANF payments for at least the last 18 consecutive months;

Yes _____ No _____ or

• Has received/is receiving AFDC or TANF payments for any 18 months starting after August 5, 1997.

Yes _____ No _____ or

• Stopped being eligible for AFDC or TANF payments after Aug. 5, 1997 because Federal or state law limited the maximum time such assistance is payable.

Yes _____ No _____

19. SOURCES USED TO DOCUMENT ELIGIBILITY:

Notes: I certify that the information is true and correct to the best of my knowledge. I understand that the information above may be subject to verification. The signature of the party completing this form is required below.

20. SIGNATURE:

21. DATE:

ETA 1000 (Rev. 10)

Form **8850**
 (Rev. October 2002)
 Department of the Treasury
 Internal Revenue Service

NTS
**Pre-Screening Notice and Certification Request for
 the Work Opportunity and Welfare-to-Work Credits**

OMB No. 1545-1500

▶ See separate instructions.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ▶ _____

Street address where you live _____

City or town, state, and ZIP code _____

Telephone number (____) _____

If you are under age 25, enter your date of birth (month, day, year) ____/____/____

Work Opportunity Credit

- 1 ☐ Check here if you received a conditional certification from the state employment security agency (SESA) or a participating local agency for the work opportunity credit.
- 2 ☐ Check here if any of the following statements apply to you.
- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the last 18 months.
 - I am a veteran and a member of a family that received food stamps for at least a 3-month period within the last 15 months.
 - I was referred here by a rehabilitation agency approved by the state or the Department of Veterans Affairs.
 - I am at least age 18 but not age 25 or older and I am a member of a family that:
 - a Received food stamps for the last 6 months or
 - b Received food stamps for at least 3 of the last 5 months, but is no longer eligible to receive them.
 - Within the past year, I was convicted of a felony or released from prison for a felony and during the last 6 months I was a member of a low-income family.
 - I received supplemental security income (SSI) benefits for any month ending within the last 60 days.

Welfare-to-Work Credit

- 3 ☐ Check here if you received a conditional certification from the SESA or a participating local agency for the welfare-to-work credit.
- 4 ☐ Check here if you are a member of a family that:
- Received TANF payments for at least the last 18 months, or
 - Received TANF payments for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended within the last 2 years, or
 - Stopped being eligible for TANF payments within the last 2 years because Federal or state law limited the maximum time those payments could be made.

All Applicants

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ▶ _____

Date ____/____/____

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 22851L

Form **8850** (Rev. 10-02)

Form 8850 (Rev. 11-96)

Page 2

For Employer's Use Only

Employer's name Northwest Staffing Resources, Inc. Telephone no. (503) 323-9190 EIN 93-0890341Street address 333 SW 5th Ave., Suite 250City or town, state, and ZIP code Portland, OR 97204Person to contact, if different from above HONKAMP KRUEGER & CO. Telephone no. (563) 556-0123Street address 2345 JFK RD. P.O. BOX 699City or town, state, and ZIP code DUBUQUE, IA 52004-0699

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6)

DATE APPLICANT Gave	Was	Was	Started
Information	offered	hired	Job
/ /	/ /	/ /	/ /

Under penalties of perjury, I declare that I completed this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group or a long-term family assistance recipient. I hereby request a certification that the individual is a member of a targeted group or a long-term family assistance recipient.

Employer's signature	Title	Date
/	/	/ /

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(12) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's Federal tax return. Completion of this form is voluntary and may assist members of targeted groups and long-term family assistance recipients in securing employment. Routine uses of this form include giving it to the state employment security agency (SESA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group or a long-term family

assistance recipient. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and criminal litigation, to the Department of Labor for oversight of the certifications performed by the SESA, and to cities, states, and the District of Columbia for use in administering their tax laws.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

Recordkeeping 2 hr., 47 min.
Learning about the law
or the form 28 min.
Preparing and sending this form
to the SESA 36 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001.

DO NOT send this form to this address. Instead, see When and Where To File in the separate instructions.



EXHIBIT B

**U-HAUL ACKNOWLEDGMENT & CONFIDENTIALITY AGREEMENT
FOR TEMPORARY WORKERS**

____ ("Worker") hereby acknowledges that they are an employee of _____ ("Staffing Agency"). Worker accepts their assignment by Staffing Agency of Worker to perform services for U-Haul International, Inc. or one of its related companies ("U-Haul"). Worker understands and agrees that all wages and benefits due Worker shall be paid and provided by Staffing Agency and that all record keeping, withholding and deductions shall be performed by Staffing Agency. Worker understands and agrees that U-Haul has the right to refuse to allow Worker to perform services for U-Haul or to continue to perform services for U-Haul, and to exclude or remove Worker from U-Haul facilities. Worker understands that other than as stated herein, the terms, conditions and privileges of employment of Worker shall be governed by Worker's employment relationship with Staffing Agency.

Worker understands that he or she shall not be entitled to holidays, vacations, disability, insurance, pensions or retirement plans, U-Haul's Employee Stock Ownership Plan (ESOP), bonuses, profit sharing, 401K, medical and dental insurance or any other benefits offered or provided by U-Haul to its employees. Worker also understands that by signing this acknowledgment, he or she has waived any right that may be deemed to exist or that may come into existence with respect to such benefits.

Worker also understands that while he or she is working at the U-Haul site, they will acquire knowledge of trade secrets and other proprietary confidential information. Worker acknowledges that such confidential information constitutes valuable assets of U-Haul and that use or disclosure of such information without the express written authorization of U-Haul is prohibited.

Workers understands that confidential information may include, but is not limited to, management bulletins, newsletters, technical reports, unwritten "know-how" for U-Haul, operating instructions, training manuals, personnel lists, wage and salary information, financial information or statements, contracts, personnel files, documents generated by internal investigations, retirement-account information, medical information, drug testing results and correspondence.

Worker agrees that he or she will not, at any time during or after their temporary working relationship at U-Haul, disclose, disseminate or communicate to any person, firm or entity any confidential information without the express written authorization of U-Haul, except as required in the performance of duties or as may otherwise be required by law.

Worker understands that U-Haul has placed Worker in a position of trust in that they have access to and use of confidential information in the performance of their job. Worker understands that any violation of the trust placed in them by U-Haul may cause serious harm to U-Haul. Worker also acknowledges that monetary damages for breach of this Agreement will be inadequate, and that U-Haul may be entitled to injunctive relief.

This Agreement shall not be construed in any respect as creating an employer/employee relationship between U-Haul and the undersigned Worker. Worker acknowledges that they are solely an employee of Staffing Agency that has assigned them to U-Haul and not a U-Haul employee.

Signed at _____ on _____

Temporary Worker's Signature _____

Witness Signature _____

EMPLOYMENT AGREEMENT - ADDITIONAL TERMS

In addition to our Handbook for Temporary Employees, which you have received, you agree to the Standard Terms and Conditions, and any Optional Terms as set forth below.

Optional Terms:

(If there are special benefits to employees under the special project, name the project here, if no special terms leave blank.)

Standard Terms and Conditions

1. **Reporting/Interview Date and Work Rules.** You agree to report to our customer for work on the date which we will give you, the "Reporting Date" and work on the above assignment until it is completed or until it is terminated as set forth below. If you are sent for an interview you agree to attend the interview as scheduled and if offered the temporary assignment you will report on the "Reporting Date". You agree to all the terms and conditions of this agreement. You further agree to follow all work rules, safety rules and policies of our customer.
2. **Compensation.** We will pay you the rate of pay quoted for the hours you actually work for our customer on our regularly scheduled pay day. We will pay you for overtime actually worked, which has been authorized by our customer in advance of your working the overtime.
3. **Time Cards.** You are responsible for keeping your time card for all the hours you work. Once the time card or hours are called in to us, you agree not to claim further hours later.
4. **Holiday and Vacation.** Your eligibility for vacation and holiday pay is set forth in the Handbook for Temporary Employees and Optional Terms.
5. **Termination.** If you are assigned to the temporary job, termination occurs when the assignment is completed or the customer terminates the assignment. We also have the right to terminate your employment with us and to take you off the project at any time, for any reason or for no reason. You will be paid for the hours you have actually worked to the date of termination. You will be paid for holiday and vacation if accrued.
6. **Obligations After Interview/Termination.** For a period of 120 days after the interview or termination, whichever may occur last, without our written consent, 1) you will not accept employment with the customer to whom you have been sent, and 2) you will not accept employment with another employer for an assignment to work at the customer's premises or on behalf of the customer. You also agree that any period of violation or time required for litigation to enforce this provision will not be included in this 120-day period. You acknowledge that we have spent time in procuring this customer, interviewing or reviewing your qualifications for the temporary job and that this is sufficient consideration to enforce this provision. You and we both recognize that, if the above provisions are violated, remedies which would typically be available to us for contract breach would be inadequate. Therefore, you and we have agreed that we have the right to obtain injunctive or other equitable relief against you, and any other person who may be involved or connected with you, in the event that these provisions are breached. These rights

will be in addition to any other rights which we may have under law. If a violation occurs under this paragraph we will have the right to obtain attorney fees and cost from you, to be set by the court, if any action or suit is necessary to enforce this provision.

7. **Other Agreements.** You represent to us that you have made no other agreements which would stop you from entering into this agreement. You represent that if you are bound by an agreement not to divulge any confidential information of another employer you will notify us of its content and extent.

8. **Confidential Matters.** During your employment you may have access to and become familiar with various trade secrets and other sensitive or confidential information, "Confidential Matters" of our customers. You agree to hold in strict confidence and not to disclose any "Confidential Matters", directly or indirectly, to anyone, nor to use them in any way, either during your employment with us or at any time after its termination, except as may be required in the course of your performing services hereunder, or if we give our prior written consent.

9. **Entire Agreement.** This document is our entire, final and complete agreement pertaining hereto and supersedes and replaces all written and oral agreements heretofore made or existing by and between us or our representatives.

AGREED TO as dated below:

Employee

Dated: _____

Northwest Staffing Resources, Inc
by: Staffing Coordinator/Manager

Dated: _____

EXHIBIT C



STAFFING SERVICES CONTRACT

This contract made this 12th day of May, 2004, dated for reference purposes only, by and between the entity(s) identified in Exhibit A, attached hereto

U-Haul 189000 (hereinafter "U-HAUL") and
NSP, DBA. Resource Staffing Group (hereinafter "Staffing Agency")

Subject to the following terms and conditions, Staffing Agency agrees to assign its employees to U-Haul based on the fee schedule detailed in Exhibit A on an as-required basis to be determined by U-Haul at U-Haul's request and sole discretion.

I CONTRACTUAL RELATIONSHIP

- (a) It is mutually agreed that U-Haul retains Staffing Agency to assign certain of its employees to fill U-Haul's need for temporary personnel upon the terms and conditions set forth in this Agreement.
- (b) It is understood and agreed that Staffing Agency is an independent contractor and that all individuals assigned to U-Haul are employees of Staffing Agency and not U-Haul.
- (c) As the employer, Staffing Agency shall, among other things: maintain all necessary personnel, payroll and other records for its employees assigned to U-Haul; compute its employees' wages and withhold applicable federal, state and local taxes, federal social security payments and all other required withholdings;
 - (i) remit employee withholdings to the proper governmental authorities and make employer contributions for federal FICA, Workers' Compensation Insurance, and federal and state unemployment insurance payments;
 - (ii) pay net wages and fringe benefits, if any, directly to its employees;
 - (iii) verify employment eligibility in conformity with federal immigration laws and maintain all necessary records for its employees assigned to U-Haul, including Form I-9's and;
 - (iv) obtain from each of its employees, prior to their assignment to U-Haul, a signed Acknowledgment & Confidentiality Agreement for Temporary Workers in the form acceptable to U-Haul. (Attached hereto as Exhibit "B") Staffing Agency agrees that it shall not assign to U-Haul any Staffing Agency employee who refuses to sign and agree to the terms of the Staffing Agency Acknowledgment & Confidentiality Agreement for Temporary Workers.
 - (v) Obtain from each of its lenders written assurance that the lender does not have a security interest in any receivables due from U-Haul to Staffing Agency that is superior to the interests of Staffing Agency's employees in those receivables.
- (d) Staffing Agency shall have the sole right and responsibility to recruit, interview, test, evaluate, hire, supervise, determine compensation, promote, discipline, and discharge its employees assigned to U-Haul. Staffing Agency employees shall not be entitled to holidays, vacations,

CONFIDENTIAL

206210.01

disability, insurance, pensions or retirement plans, or any other benefits offered or provided by U-Haul to its direct employees. Prior to assignment to U-Haul, Staffing Agency shall require all assigned employees to sign an agreement (attached hereto as Exhibit "B") acknowledging their understanding that they are not entitled to U-Haul benefits offered to its direct employees and waiving any right that may be deemed to exist or that may come into existence with respect to such benefits.

- (e) U-Haul may hire a Staffing Agency employee with no additional investment after such employee has been on assignment for _____ hours.

II SELECTION AND ASSIGNMENT OF TEMPORARY WORKERS

Upon receipt of a completed order from U-Haul, in the form supplied in Exhibit C, Staffing Agency shall assign a worker whose skills and preferences match U-Haul's needs. Staffing Agency shall advise the worker about the job, wage rate and the length of the assignment and provide the applicable job description. The worker shall be solely responsible for obtaining execution of a time card signed by an authorized U-Haul representative, verifying the hours worked. Staffing Agency may arrange to have paychecks delivered on site.

Staffing Agency shall be responsible for ensuring compliance with the Americans with Disabilities Act with respect to its workers assigned to U-Haul and Staffing Agency agrees to pay the cost of all reasonable accommodation needed to permit the disabled worker to perform the essential functions of the assignment, and shall indemnify and hold U-Haul harmless from all costs of any such reasonable accommodation.

Where a worker is assigned to perform services relating to a specific project or manufacturing cycle, the assignment will last for the duration of the project or cycle, and this shall in no way change the worker's temporary status or the fact that the worker remains an employee of the Staffing Agency and not U-Haul.

U-Haul may, for any reason, advise Staffing Agency to have Staffing Agency remove any of the temporary personnel assigned to it by Staffing Agency and request that they not be returned to U-Haul; provided, that this arrangement shall in no way affect the right of Staffing Agency, in its sole discretion as the employer, to hire and/or terminate any individual from the employ of Staffing Agency or to assign or reassign any individual to any other client.

Staffing Agency shall be responsible for all selection and background checks. Staffing Agency shall recruit, interview, test, screen, and ensure compliance with all legally required pre-employment obligations for all workers to be assigned to U-Haul's facilities prior to their assignment to U-Haul.

Staffing Agency shall also be responsible for conducting all appropriate background checks on its workers assigned to U-Haul, including verifying all references, criminal convictions, education, prior employment and other information provided by the workers and administer all required drug testing, credit searches or other background checks, prior to their assignment to U-Haul.

Reports: Staffing Agency shall produce such reports as U-Haul may reasonably request pertaining to assigned workers. Staffing Agency shall furnish to U-Haul any other reports in such format and at such intervals as U-Haul may reasonably request.

In the event the worker (a) has a need for a leave subject to the Family and Medical Leave Act, 29 U.S.C. § 2601, et seq., or subject to any comparable state law, (b) is called for jury duty, (c) is called to active duty in the armed forces of the United States, or (d) has any other statutory right to be excused from and returned to work, the worker shall be excused by Staffing Agency from the assignment and upon availability shall be reassigned by Staffing Agency as required by law.

III WORKER'S EMPLOYMENT STATUS AND RECORDS

Staffing Agency and not U-Haul is the employer of the worker and retains the sole right to recruit, interview, test, hire, assign, evaluate, discipline and discharge the worker, and to establish and modify wages and benefits, including vacation and other paid and unpaid leave, and to prepare and maintain all payroll records and pay and withhold all wages and related employment taxes and deductions.

Staffing Agency and its employees agree that they will not at any time take, misappropriate, misuse or improperly disclose any confidential information or property of U-Haul such as medical and personnel information, client lists, files, data, books, records, accounts or any other confidential information concerning U-Haul, its agents and employees, or its business operations. This prohibition includes all forms of computer data, including e-mail, computer data, including e-mail, is recognized by Staffing Agency as the trade secret property of U-Haul.

Any and all discoveries and/or inventions (which shall include improvements and modifications) relating to work performed by assigned employees, or relating to matters disclosed to assigned employees in connection with work to be performed, or suggested by such matters, whether or not patentable, which discoveries and/or inventions are made or conceived by assigned employees, solely or jointly with others, during the term of any assignment (regardless of whether conceived or developed during working hours) or during a period of one (1) year thereafter, shall be the property of U-Haul as "work made for hire" to the extent provided by sections 101 and 201(b) of the Copyright Act, 17 U.S.C. 101, et seq., and such discoveries and/or inventions shall be promptly disclosed to U-Haul. U-Haul shall have the right to file and prosecute, at its own expense, all patent applications, whether U.S. or foreign, on said discoveries and/or inventions. Assigned employees shall, during any assignment with U-Haul or any time thereafter, provide to U-Haul all documents, information, and assistance requested for the filing or prosecution of any such patent application, for the preparation, prosecution, or defense of any legal action or application pertaining to such discoveries and/or inventions, and for the assignment or conveyance to U-Haul of all right, title, and interest in and to such discoveries and/or inventions, patent applications, and letters patent issuing thereon.

Staffing Agency shall prepare and maintain records of illnesses and injuries, including all workers' compensation injuries, of the worker arising from performing services pursuant to the assignment. Upon request, Staffing Agency will provide U-Haul with copies of any reports of injuries regarding assigned workers.

Staffing Agency shall prepare and maintain records regarding hours worked and payment of wages and benefits due to the assigned worker, which will be made available to U-Haul.

If an assigned worker has a grievance regarding treatment while performing services on the assignment, such grievance shall be presented to and resolved by Staffing Agency.

Assigned workers shall not be entitled to participate in U-Haul's Employee Stock Ownership Plan (ESOP), bonus, profit sharing, 401K, medical and dental insurance, vacation, sick leave or any other benefits provided to employees of U-Haul. Staffing Agency shall have the sole duty and right to determine the compensation and benefits to be provided to its employees as well as vacation, leaves of absence and all other benefits.

Staffing Agency shall prepare and maintain all records pertaining to services performed under this Contract for a period of at least seven years. This includes, but is not limited to, all time cards, payroll records, drug testing results and personnel files pertaining to the assigned workers. During this period, U-Haul shall have the right to obtain copies of such records.

IV. INSURANCE

Without limiting any of its obligations or liabilities, Staffing Agency, while performing services for U-Haul, shall maintain at its sole cost and expense with acceptable companies the following minimum insurance coverage:

COVERAGE	LIMITS
General Liability	\$1,000,000
Umbrella	\$1,000,000
Worker's Compensation	Statutory Limits
Employer's Liability	Statutory Limits
Professional Liability	As Agreed by the Parties
Employment Practices Liability	
Bond	

The amount necessary to secure two weeks worth of wages and benefits that are payable and due by Staffing Agency to its Employees assigned to U-Haul.

The above coverage shall name U-Haul as an additional insured and Staffing Agency will add an alternative employer endorsement to their Workers' Compensation policy naming U-Haul as the alternative employer. The coverage shall contain a severability of interest clause. Staffing Agency shall furnish U-Haul with two properly executed certificates of insurance prior to the commencement of any operation hereunder and shall notify U-Haul no less than thirty days in advance of any material changes or cancellation of the above coverage. Notice shall be sent to:

U-Haul International, Inc.
2727 N. Central Ave.
Phoenix, Arizona 85004
Attn: Human Resources - Employment

V. COMPLIANCE WITH LAWS

Staffing Agency shall observe and comply with all local, state and federal laws, rules, regulations and ordinances now or hereinafter in force that in any way pertain to these contracted services. This includes, but is not limited to, compliance with all laws pertaining to wages and hours of work, discrimination, unemployment, posting notices, workers' compensation, record keeping, and taxes. Staffing Agency agrees not to harass, discriminate against, or retaliate against any employee because of his or her race, national origin, age, sex, religion, disability, marital status, or other category protected by law. In addition, Staffing Agency shall verify that any worker provided to U-Haul for assignments that may involve the driving of U-Haul equipment has a valid driver's license, is eighteen (18) years of age or older and has all applicable Department of Transportation, state motor vehicle department and other applicable clearances. Staffing Agency accepts exclusive liability for noncompliance with the foregoing laws and shall release, indemnify, defend and hold harmless U-Haul and any affiliated or related corporations, employees or agents from any and all claims, liabilities, damages, demands, judgments, costs or expenses (including attorneys' fees and expert witness fees) of any kind or nature which Staffing Agency, an employee of Staffing Agency, or any other third party may have which arise directly or indirectly under any theory of law pertaining to these contracted services. The foregoing duties of indemnity shall apply notwithstanding any negligence of U-Haul or its affiliated or related corporations, employees or agents which may have occurred with respect to any such matter.

VI. INDEMNIFICATION

Staffing Agency agrees to indemnify, defend and hold U-Haul and any affiliated or related corporations, its agents and employees, harmless from and against any and all liability, expenses (including court costs, attorneys' fees, and expert witness fees), and claims for damage of any nature whatsoever, whether known or unknown, which U-Haul may incur, suffer, become liable for, or which may be asserted or claimed against U-Haul as a result of the acts, errors, or omissions of Staffing Agency or Staffing Agency's employees, including, but not limited to, any claims asserted by federal, state or local taxing authorities, all rights or claims arising under Title VII of the Civil Rights Act of 1964, as amended, the Americans with Disabilities Act of 1990, as amended, the Rehabilitation Act of 1973, as amended, the Portal-to-Portal Pay Act of 1947, as amended, Fair Labor Standards Act, as amended, the Family and Medical Leave Act of 1993, the Age Discrimination in Employment Act, the Worker Adjustment Retaining and Notification Act, the Equal Pay Act, the National Labor Relations Act, the Employees Retirement Income Security Act, and all other applicable state, local or federal statutes, including those that provide benefits or rights to employees, and all common law causes of action, including claims for breach of contract (express or implied), negligent supervision, hire or retention, tortious interference with contract, retaliation, failure to pay wages, bonuses, commissions or other benefits, wrongful discharge, defamation, intentional or negligent infliction of emotional distress, tort, or any other personal injury or damages, and all claims for wages, bonuses, allowances, benefits, or other compensation in money or in kind and/or any claims asserted by Staffing Agency's employees arising out of their employment or termination of employment with Staffing Agency or their assignment or termination of assignment with U-Haul, including, but not limited to, all claims by such workers for personal injury of any type. Staffing Agency and U-Haul intend that Staffing Agency's obligation to indemnify U-Haul be construed broadly so as to provide the greatest protection to U-Haul and ensure that the parties' staffing arrangement contemplated by this Agreement has no adverse financial or administrative impact on U-Haul. Staffing Agency agrees that U-Haul may compromise or settle any such claim without affecting Staffing Agency's indemnification obligations hereunder.

VII. REJECTION OF WORKER

U-Haul may reject or discontinue the services of, and exclude or remove from U-Haul facilities, any worker provided by Staffing Agency for any reason not prohibited by law.

VIII. SURVIVING ARTICLES

The provisions of Articles V and VI shall survive the termination of this contract.

IX. ENTIRE CONTRACT

This contract constitutes the entire contract between the parties. All terms and conditions contained in other writings, if any, previously executed by the parties shall be deemed to be superseded hereby.

X. MODIFICATION OF CONTRACT

No modification or amendment of this Contract shall be deemed effective unless in writing and signed by the parties herein.

XI. WAIVERS

No waiver by U-Haul of any provision hereof shall be deemed a waiver of any other provision. U-Haul's consent to or approval of any act shall not be deemed to render unnecessary the obtaining of U-Haul's consent to or approval of any subsequent act by Staffing Agency.

XII. DRUG TESTING

Workers shall be required to be tested for drugs or other controlled substances prior to assignment to U-Haul, as required by law or agreement of Staffing Agency and U-Haul. Any worker involved in a work-related accident while performing services pursuant to assignment hereunder will be required to take a drug test at a facility designated by Staffing Agency. A copy of the drug test results may be presented to U-Haul, if otherwise permitted by law. Workers assigned to U-Haul may also be tested for any other reason permitted by law. Any worker who has a positive drug test will not be eligible for assignment under this contract.

XIII. SAFETY

The worker must follow all U-Haul procedures and safety rules. The worker must provide and use personal safety protective equipment necessary or appropriate to the assignment.

XIV. NONEXCLUSIVE AGREEMENT

U-Haul retains the right to contract for similar temporary services with independent contractors other than Staffing Agency.

XV. SEVERABILITY

If any of the provisions herein are determined to be invalid by a court, arbitrator, or government agency of competent jurisdiction, it is agreed that such determination shall not affect the enforceability of the other provisions herein.

XVI. ASSIGNMENT

Staffing Agency shall not assign this Agreement, its rights and/or duties hereunder, or any interest herein, without the prior written consent of U-Haul.

XVII NOTICES

Any notices under this Agreement shall be in writing, and any written notice or other document shall be deemed to have been duly given on the date of personal service on the parties or on the tenth (10th) business day after mailing. If the document is mailed (by registered or certified mail), addressed to the parties at the addresses set forth below or at the most recent address specified by the addressee through written notice under this provision. Failure to conform to the requirement that mailings be done (by registered or certified mail) shall not defeat the effectiveness of notice actually received by the addressee.

If mailed to Client:

U-Haul International, Inc.
2727 N. Central Ave.
Phoenix, AZ 85004
Attn: Human Resources - Employment

If mailed to Staffing Agency:

(Staffing Agency) _____
(Address) _____
(Attn:) _____

XVIII ATTORNEY'S FEES

In the event that any action is brought by either party herein as a result of a breach or default under any provision of this Agreement, the prevailing party in such action shall be awarded reasonable attorney fees and costs plus any fees paid for collection of any account in addition to any other relief to which the party may be entitled.

XIX DURATION

This Agreement shall be renewed automatically for successive one-year periods on the first and subsequent anniversary dates hereof unless either party gives notice of cancellation at least 30 days prior to an anniversary date. This Agreement may be canceled by either party at any time upon 30 days written notice. This Agreement may be immediately terminated by either party with written notice, upon a material breach of the terms and conditions of this Agreement. The anniversary date is the last date signed by all parties.

Staffing Agency

By: [Signature]
Title: Branch Mgr.
Date: 5/12/04

U-Haul

By: _____
Title: _____
Date: _____

HOLD HARMLESS AGREEMENT

U-Haul agrees to waive all rights to make a claim against NSE D.B.A. Resource Staffing
and to relieve NSE D.B.A. Resource Staffing from all liability and responsibility for any
damage, loss, or expense which U-Haul incurs as a result of a staffing agency employee engaging
in driving an automobile or other motor vehicle. This agreement does release Staffing Agency in
regards to workers compensation issues.

[Signature]
U-Haul Representative Signature

[Signature]
Staffing Representative Signature

Ricardo M. Berio
U-Haul Representative Name (Printed)

Rao Crowley
Staffing Name (Printed)

5.12.07
Date

5/12/07
Date



Northwest Staffing Resources, Inc.
Resource Staffing Group, Inc.
Northwest Staffing Group, Inc.

May 12, 2004

Rick Briceño
Shop Manager
U-Haul International
44511 Grimmer Blvd.
Fremont, CA 94538

Dear Rick,

Thank you for taking time to meet with me and giving Resource Staffing Group the opportunity to provide our service. Resource Staffing Group (RSG) is committed to creating and maintaining a solid and long-term relationship with UHAUL.

As in our meeting, we discussed the positions you have a need for. All employees pay rolled from UHAUL will be at a 32% mark-up. We are confident in our ability to provide not only the highest level of service, but also the greatest value.

All associates who are on assignment with UHAUL are eligible for medical, dental, and vision... Associates are also available to receive holiday pay immediately and one week's vacation pay after one year of employment. This is at no additional cost to UHAUL.

Let me assure you Rick, that the staff and management of RSG are committed to one and only one objective; your satisfaction as it relates to our staffing services. As always, our goal is to assist UHAUL in attaining your objective of employing qualified, dependable employees at a competitive rate.

x [Signature]
Print (RSG Representative)

x Rick Briceño
Print (U-haul Representative)

x [Signature] 5/12/04
Signature Date

x Rick Briceño 5-12-04
Signature Date

2804 Fair Oaks Blvd, Suite 160, Sacramento, CA 95834
916.579.0430 • Fax 916.579.0442 • www.rsgstaffing.com

Office located
throughout
OREGON
WASHINGTON
IDAHO
CALIFORNIA

**U-HAUL ACKNOWLEDGMENT & CONFIDENTIALITY AGREEMENT FOR
TEMPORARY WORKERS FOR 2006 JH BUILD**

Rachael Lucio

of DAVIS ("Worker") hereby acknowledges that they are an employee of DAVIS ("Staffing Agency"). Worker accepts their assignment by Staffing Agency of Worker to perform services for U-Haul International, Inc. or one of its related companies ("U-Haul"). Worker understands and agrees that all wages and benefits due Worker shall be paid and provided by Staffing Agency and that all record keeping, withholding and deductions shall be performed by Staffing Agency. Worker understands and agrees that U-Haul has the right to refuse to allow Worker to perform services for U-Haul or to continue to perform services for U-Haul, and to exclude or remove Worker from U-Haul facilities. Worker understands that other than as stated herein, the terms, conditions and privileges of employment of Worker shall be governed by Worker's employment relationship with Staffing Agency. Worker acknowledges that he or she will be supervised solely by supervisors employed by the staffing agency.

Worker understands that this assignment is temporary in nature, and no expectation of a permanent assignment shall be implied or inferred.

Worker understands that he or she shall not be entitled to holidays, vacations, disability, insurance, pensions of retirement plans, U-Haul's Employee Stock Ownership Plan (ESOP), bonuses, profit sharing, 401K, medical and dental insurance or any other benefits offered or provided by U-Haul to its employees. Worker also understands that by signing this acknowledgment, he or she has waived any right that may be deemed to exist or that may come into existence with respect to such benefits.

Worker also understands that while he or she is working at the U-Haul site, they will acquire knowledge of trade secrets and other proprietary confidential information. Worker acknowledges that such confidential information constitutes valuable assets of U-Haul and that use or disclosure of such information without the express written authorization of U-Haul is prohibited.

Worker understands that confidential information may include, but is not limited to, management bulletins, newsletters, technical reports, written know-how for U-Haul, operating instructions, training manuals, personnel lists, wage and salary information, financial information or statements, contracts, personnel files, documents generated by internal investigations, retirement account information, medical information, drug testing results and correspondence.

Worker agrees that he or she will not, at any time during or after their temporary working relationship at U-Haul, disclose, disseminate or communicate to any person, firm or entity any confidential information without the express written authorization of U-Haul, except as required in the performance of duties or as may otherwise be required by law.

Worker understands that U-Haul has placed Worker in position of trust in that they have access to and use of confidential information in the performance of their job. Worker understands that any violation of the trust placed in them by U-Haul may cause serious harm to U-Haul. Worker also acknowledges that monetary damages for breach of this Agreement will be inadequate, and that U-Haul may be entitled to injunctive relief.

This Agreement shall not be construed in any respect as creating an employer/employee relationship between U-Haul and the undersigned Worker. Worker acknowledges that they are solely an employee of Staffing Agency that has assigned them to U-Haul and not a U-Haul employee.

Signed at U-HAUL

on 3-23-06

Temporary Worker's Signature Rachael Lucio

Witness Signature [Signature]

0205 U-HAUL NTL
0205 U-HAUL NTL

EXHIBIT D

LAW OFFICES OF
MILLER & ANGSTADT
PROFESSIONAL CORPORATION

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408 FOURTEENTH STREET
OAKLAND, CALIFORNIA 94612
(415) 883-0980

June 29, 2004

VIA U.S. MAIL and E-Mail

Bdeeny@sah.com

Robert J. Deeny, Esq.
SHERMAN & HOWARD LLC
1850 Central Avenue, suite 500
Phoenix, Arizona 85004

RE: U-Haul of California and Resource Staffing Group
NLRB Case No. 32-RC-5268

Dear Mr. Deeny:

This letter follows and confirms our telephone conversation this morning. I called in response to your June 25, 2004 letter, in which you advised me that Juan Cruz of Cruz and Associates, Inc. would be "addressing NLRB election procedure issues," with the workforce at the U-Haul Fremont, California location. You have made it clear that Mr. Cruz will be addressing those issues with workers whom your client contends are my client's employees, with our agreement that Mr. Cruz was to speak only for U-Haul and not my client, pending my receipt of instructions from my client.

We discussed my client's position regarding the "joint employer" issue, as well as some of the over-all unit determination issues. As I informed you, pending the interviews of your client's witnesses, which I yesterday planned with Greg Tucek of your office and Libby Pitre, Assistant General Counsel of your client, my client has not taken a firm position on the appropriateness of a unit including U-haul's regular employees and the employees paid through RSG. My client presently has no knowledge of the arrangement between yours and "Job One." It does not know how the workers my client considers "garage" workers came to be employed at the Fremont location, how their wages, hours and other conditions of employment were established and a number of other facts which it must have in order to formulate a position on the appropriate unit.

Pursuant to the Joint Defense Agreement prepared and signed by your client's then-counsel, Akin Gump, on June 22nd Karen Kubin of that firm conducted a lengthy interview of Rod Crowell, my client's Sacramento Branch Manager. I was then assured that I would have access to David Gomez, Rick Briceno and other U-Haul officials, whom U-haul will present as

SHERMAN & HOWARD

JUL - 6 2004

Robert J. Deeny, Esq.
SHERMAN & HOWARD LLC
June 29, 2004
Page: 2

witnesses at the NLRB representation case hearing. Ms. Kubin also mentioned the Shop Foreman Ricardo _____, and Area Manager Jeremy Frank as potential witnesses. In my conversation with Libby Pitre and Grog Tucek, Mr. Tucek indicated that he would likely present only Messrs Gomez and Briceno.

As I informed you, my client has had no on-site supervision at the Fremont facility, and its office is located in Sacramento, California, over 100 miles away. When it took over the functions required by U-haul, the "garage" workers' wages, hours and other conditions of employment had already been set. My client essentially provided a payroll service, made no decisions regarding employee engagement, compensation, tenure and the like. My client does not believe there is a factual basis for a "joint employer" finding and will not accept that performing its limited functions regarding the Fremont workers should result in a collective bargaining obligation.

I trust our conversation and this letter will assist your firm in getting up to speed on this matter. I look forward to meeting and working with you.

Very truly yours,

MILLER & ANGSTADT



David Miller

DM/jw